

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Women Speak Out PAC

ADDRESS (number and street) ▼

1200 New Hampshire Ave NW

Suite 750

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☒ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
10 16 2014

through

M M M / D D D / Y Y Y Y Y Y
11 16 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
11 24 2014

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Women Speak Out PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y 11 / 16 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		1842.48
(b) Cash on Hand at Beginning of Reporting Period.....	271729.43	
(c) Total Receipts (from Line 19)	1104377.02	3648383.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1376106.45	3650225.7
7. Total Disbursements (from Line 31)	977824.8	3251944.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	398281.65	398281.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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:

M M	/	D D	/	Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y
11		16		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:**(a) Individuals/Persons Other**

Than Political Committees

(i) Itemized (use Schedule A).....

1050943.73

3489599.09

(ii) Unitemized

33433.29

88784.13

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

1084377.02

3578383.22

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

20000.00

70000

(d) Total Contributions (add Lines

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

Totals to Line 33, page 5) ►

1104377.02

3648383.22

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

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

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

0.00

0.00

18. Transfers from Non-Federal and Levin Funds**(a) Non-Federal Account**

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0

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

1104377.02

3648383.22

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

1104377.02

3648383.22

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	363682.49	1206350.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	363682.49	1206350.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	3000
24. Independent Expenditures (use Schedule E)	614142.31	2042593.77
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)) ..	977824.8	3251944.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	977824.8	3251944.05

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)	1104377.02	3648383.22
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1104377.02	3648383.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	363682.49	1206350.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	363682.49	1206350.28

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

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

FOR LINE NUMBER: PAGE 6 OF 3239

(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. Mary Kay Clark

Mailing Address 1350 Progress Drive

City

Front Royal

State

VA

Zip Code

22630

FEC ID number of contributing federal political committee.

C

Name of Employer

Seton Home Study School

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2014

Transaction ID : E4-B65D-8B81D5633AB0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mary Walker

Mailing Address P.O. 325

City

Amity

State

OR

Zip Code

97101

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 ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : 58-AE9F-5BFF0FD674A1

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. David Hanson

Mailing Address 1803 Springview Drive

City

Mason City

State

IA

Zip Code

50401

FEC ID number of contributing federal political committee.

C

Name of Employer

Mercy Med. Center- North Iowa

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : B3-9F0C-E6D426F6B7B7

Amount of Each Receipt this Period

500.00

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

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

6500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 3239

(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. Phillip Kronstein

Mailing Address 4835 Cordell Avenue, Apt. 1010

City State Zip Code
 Bethesda MD 20814

FEC ID number of contributing federal political committee.

C

Name of Employer

FDA

Occupation

Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 20 2014

Transaction ID : F8-B3E1-DA914F18EECD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Susan Rutherford

Mailing Address 13439 Northeast 115th Court

City State Zip Code
 Redmond WA 98052

FEC ID number of contributing federal political committee.

C

Name of Employer

Evergreen Healthcare

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 23 2014

Transaction ID : C6-8706-BDF614F548F5

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Catherine Fiora

Mailing Address 5015 Battery Lane Apt. 1101

City State Zip Code
 Bethesda MD 20814

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 ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 12 2014

Transaction ID : 79-9EB8-1864DF1A67B9

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 3239

(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. Frederic Sauer

Mailing Address 1657 Forest View Drive

City State Zip Code
 Saint Louis MO 63122

FEC ID number of contributing federal political committee.

C

Name of Employer

Orion Investment Company

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 21 2014

Transaction ID : 97-B552-B4BED4C359C6

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Richard Bruno

Mailing Address P.O Box 11

City State Zip Code
 Piermont NY 10968

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : 28-A8A8-35B3B88B0C5B

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Sean Buckner

Mailing Address 18862 Ridgewood Lane

City State Zip Code
 Villa Park CA 92861

FEC ID number of contributing federal political committee.

C

Name of Employer

M.C. Clothing Inc.

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 12 2014

Transaction ID : 37-BA1D-03BD877DB9AC

Amount of Each Receipt this Period

2500.00

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

8000.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 3239

(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. Michael Casey

Mailing Address 20 Descanso Drive
 Unit 1445

City State Zip Code
 San Jose CA 95134

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Intel

Occupation

Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 60-BCA7-656AF7325633

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Erwin Gurtatowski

Mailing Address 15656 Gouwens Lane

City State Zip Code
 South Holland IL 60473

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2014

Transaction ID : 1C-9AB7-7D7008191DDA

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. James Madden

Mailing Address 312 Monceaux Road

City State Zip Code
 West Palm Beach FL 33405

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self-Employed

Occupation

Artist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2014

Transaction ID : B8-9286-B95074EEF849

Amount of Each Receipt this Period

750.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 10 OF 3239

(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. Richard Bruno

Mailing Address P.O Box 11

City State Zip Code
 Piermont NY 10968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2014

Transaction ID : 1F-90E9-4C8E5B240F68

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Miller

Mailing Address 2271 Country Club Drive

City State Zip Code
 Pittsburgh PA 15241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : 6A-8086-9748F6148347

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Lunday

Mailing Address 17644 Southeast 293rd Place

City State Zip Code
 Kent WA 98042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : E4-B330-5B896666F8C7

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 3239

(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. William Rodriguez

Mailing Address 2904 Polk Street

City

Houston

State

TX

Zip Code

77003

FEC ID number of contributing
federal political committee.

C

Name of Employer

HISD

Occupation

Teacher

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : AB-BEBA-E24D326F09B7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Doherty

Mailing Address 14210 Stacey Road Northeast

City

Greenville

State

MI

Zip Code

48838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : 30-A915-5D318B5A5145

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Charles Pulham

Mailing Address 29331 SW Villebois Dr S

City

Wilsonville

State

OR

Zip Code

97070

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garmin

Occupation

Electrical Engineer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : 0A-8A6B-A6A4C15BE69C

Amount of Each Receipt this Period

250.00

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

1050.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 3239

(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. Charles Pulham

Mailing Address 29331 SW Villebois Dr S

City State Zip Code
 Wilsonville OR 97070

FEC ID number of contributing federal political committee.

C

Name of Employer

Garmin

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 14 2014

Transaction ID : D2-A30E-CFC2E8DD7730

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Frederic Sauer

Mailing Address 1657 Forest View Drive

City State Zip Code
 Saint Louis MO 63122

FEC ID number of contributing federal political committee.

C

Name of Employer

Orion Investment Company

Occupation

Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 30 2014

Transaction ID : 60-817D-CBA0D09725D3

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mark Broich

Mailing Address 1296 Highway 52

City State Zip Code
 Ossian IA 52161

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Farming

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2014

Transaction ID : 6D-B34F-B4954BB3A1B7

Amount of Each Receipt this Period

250.00

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

750.00

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

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(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. Michael May

Mailing Address 3780 Dover Center Road

City State Zip Code
 Westlake OH 44145

FEC ID number of contributing federal political committee.

C

Name of Employer

New York Community Bank

Occupation

IT Field Support Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 10 27 2014

Transaction ID : 80-8F4C-916828DD67DD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keith Tombs

Mailing Address 1412 Choxes Chase

City State Zip Code
 Greencastle PA 17225

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
 10 16 2014

Transaction ID : 39-B4B2-3B71F989134D

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Coors

Mailing Address 16126 West 32nd Avenue

City State Zip Code
 Golden CO 80401

FEC ID number of contributing federal political committee.

C

Name of Employer

Coorstek

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y
 10 20 2014

Transaction ID : E3-AF80-1805DC543DC2

Amount of Each Receipt this Period

25000.00

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

25490.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 3239

(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. James Fennell

Mailing Address 6960 Killarney Drive

City State Zip Code
 Beaumont TX 77706

FEC ID number of contributing federal political committee.

C

Name of Employer
 ExxonMobil - Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 13 / 2014

Transaction ID : 09-82C0-5375002FE10E

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Giuseppe Cecchi

Mailing Address 1700 North Moore Street

City State Zip Code
 Arlington VA 22209

FEC ID number of contributing federal political committee.

C

Name of Employer
 IDI Group Companies

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 10 / 2014

Transaction ID : A2-999F-03E8CB03FA3D

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Fennell

Mailing Address 6960 Killarney Drive

City State Zip Code
 Beaumont TX 77706

FEC ID number of contributing federal political committee.

C

Name of Employer
 ExxonMobil - Retired

Occupation
 Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : BA-9AE8-3C8B2C1B9EE0

Amount of Each Receipt this Period

1000.00

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

3250.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 3239

(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. Joe Guiffre

Mailing Address 9417 Macklin Court

City

Alexandria

State

VA

Zip Code

22309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Guiffre Dist. Company

Occupation

Retired Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 12 / 2014

Transaction ID : 24-AFDD-F8145667730E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Stephen Good

Mailing Address 3304 Grand Avenue

City

Everett

State

WA

Zip Code

98201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 20 / 2014

Transaction ID : B2-A67C-941130635645

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Kimberly Bellissimo

Mailing Address 1155 15th Street, NW
Suite 410

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Base Connect

Occupation

President and Founder

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 27 / 2014

Transaction ID : FB-962A-B2F82644F6F1

Amount of Each Receipt this Period

1000.00

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

1475.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 3239

(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. Mary Grace Sundy

Mailing Address 45 Fordyce Manor Court

City State Zip Code
 Lake Saint Louis MO 63367

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

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
 10 20 2014

Transaction ID : 43-903A-F7386080B333

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Debra Hill

Mailing Address 2132 Northwest Trout Court

City State Zip Code
 Camas WA 98607

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 0C-BA7A-AD52A8217712

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Cynthia Omlin

Mailing Address 4815 East Pineglen Lane

City State Zip Code
 Mead WA 99021

FEC ID number of contributing federal political committee.

C

Name of Employer

Northwest Professional Edu

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 23 2014

Transaction ID : 61-AD20-90844982924B

Amount of Each Receipt this Period

500.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 17 OF 3239

(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. Johanna Berry

Mailing Address 18230 Northeast Rainbow Lane

City State Zip Code
 Newberg OR 97132

FEC ID number of contributing federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 2E-AAD7-90E02D55AF5D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marion Samson

Mailing Address 15 Central Drive

City State Zip Code
 Prt Washingtn NY 11050

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 16 2014

Transaction ID : 96-9AA1-5B0ABA438E3C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Nancy Briggs

Mailing Address 1151 Kensington Avenue

City State Zip Code
 Charlottesville VA 22903

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : 3F-9DAF-7CC3544D893F

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 18 OF 3239

(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. Patricia Gebhardt

Mailing Address 12480 North Royal Lane

City	State	Zip Code
Mequon	WI	53092

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Info Requested

Info Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

Transaction ID : 4A-BF5D-1E01658261D0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Shannon McGinley

Mailing Address 4 Balsam Court

City	State	Zip Code
Bedford	NH	03110

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : 6D-BDC6-271878DE277A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Earl

Mailing Address 723 Garfield Avenue

City	State	Zip Code
Aurora	IL	60506

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Homemaker

Homemaker

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
10		29		2014

Transaction ID : C4-8F77-2DD5088A3AE2

Amount of Each Receipt this Period

300.00

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

1300.00

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)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Joanne Aarseth

Mailing Address 20840 Miranda Falls Square

City State Zip Code
 Sterling VA 20165

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freddie Mac

Occupation

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 1D-9F21-79DBF4310A0F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marylane Burry

Mailing Address 305 Southwinds

City State Zip Code
 Tinton Falls NJ 07753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker/Volunteer

Occupation

Homemaker/Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 75-ADEF-342AE12FEAFE

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Lauren Elizabeth Fissel

Mailing Address 2125 Nantucket Drive

City State Zip Code
 Sun City Center FL 33573

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired/Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 2B-9A7A-FB6635C90BF3

Amount of Each Receipt this Period

800.00

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

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

6050.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 20 OF 3239

(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. Sharon Casey

Mailing Address 3021 San Luis Rey Ave

City State Zip Code
 San Jose CA 95118

FEC ID number of contributing federal political committee.

C

Name of Employer

Roche Biocience

Occupation

Regulatory Affairs Associate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2014

Transaction ID : 45-8CD8-4BE21F633404

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Carol Carlson

Mailing Address 14750 Beach Blvd., #54

City State Zip Code
 Jacksonville Beach FL 32250

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 02 2014

Transaction ID : 4B-9625-04324DAC6466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marian Turley

Mailing Address 3329 Wathens Crossing

City State Zip Code
 Owensboro KY 42301

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Christian School Board

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 27 2014

Transaction ID : AF-BFCE-A6F3058A98BD

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Marjorie Campbell

Mailing Address 2443 Fillmore Street 368

City State Zip Code
 San Francisco CA 94115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 24 2014

Transaction ID : DD-B07D-99A6296D82E9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mona Barham

Mailing Address 135 Via Mariposa

City State Zip Code
 Palm Beach Gardens FL 33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 18 2014

Transaction ID : 37-B0CE-CFC56BFA8CD6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Rita Wilson

Mailing Address 2492 Stag Run Boulevard

City State Zip Code
 Clearwater FL 33765

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 01 2014

Transaction ID : 03-8AB3-92A890F67098

Amount of Each Receipt this Period

500.00

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

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

1500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial) A. Eileen Jones			Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 804 Highland Avenue			Transaction ID : 5A-B4DB-E0CCC07B86C0	
City Piedmont	State CA	Zip Code 94611	Amount of Each Receipt this Period 270.00	
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 ▼ 270.00		

Full Name (Last, First, Middle Initial) B. Barbara Mau			Date of Receipt M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1681 Hillsmont Drive			Transaction ID : 4B-8E16-C186AF620C0B	
City El Cajon	State CA	Zip Code 92020	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ruthann Demeter			Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 16838 Bollinger Drive			Transaction ID : C9-8A62-8021D5FD1F62	
City Pacific Palisades	State CA	Zip Code 90272	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Paralegal		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

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

770.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Irene Harrison

Mailing Address 39 Jacques Avenue

City State Zip Code
Staten Island NY 10306

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 16 / 2014

Transaction ID : 73-A3D6-D43A7500893B

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

B. Jean McCanna

Mailing Address 12 Talbot Street

City State Zip Code
Fall River MA 02723

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : DE-87CF-9F13F01319E3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joan Nelson

Mailing Address 98 Lyford Road

City State Zip Code
Brookfield NH 03872

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : 82-87DD-E0D92E4579D5

Amount of Each Receipt this Period

300.00

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

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

1005.00

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

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

FOR LINE NUMBER: PAGE 24 OF 3239

(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. Gina Westlake

Mailing Address 38 Longacre Drive

City State Zip Code
 Collegeville PA 19426

FEC ID number of contributing federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

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
 10 21 2014

Transaction ID : 16-A230-BD7F7D82C25D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nancy Cook

Mailing Address 7840 Ponds Edge Lane

City State Zip Code
 Zephyrhills FL 33540

FEC ID number of contributing federal political committee.

C

Name of Employer

Wells Fargo Advisors

Occupation

Advisor

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
 10 23 2014

Transaction ID : CA-BC14-DF521908DCA8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
 Washington DC 20036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1512787.97

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 22 2014

Transaction ID : 6F-9DDB-AD212A68F1DC

Amount of Each Receipt this Period

300000.00

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

300500.00

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

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

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

FOR LINE NUMBER: PAGE 25 OF 3239

(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. Campaign For American Values

Mailing Address 2800 S Shrlington Rd.
Suite 930

City State Zip Code
Arlington VA 22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : 97-8D67-5865AAE5C2C2

Amount of Each Receipt this Period

75000.00

Full Name (Last, First, Middle Initial)

B. Legacy List Marketing

Mailing Address 1155 15th Street, NW
410

City State Zip Code
Washington DC 22005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : EC-8998-F0AB069369CC

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1512787.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2014

Transaction ID : AF-9D2E-EBFBFE406A0B

Amount of Each Receipt this Period

125000.00

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

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

202500.00

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

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

FOR LINE NUMBER: PAGE 26 OF 3239

(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 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1512787.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : 1D-9AFA-296A82C69AEB

Amount of Each Receipt this Period

465109.07

Full Name (Last, First, Middle Initial)

B. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1512787.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : E6-B526-8FFCBAB33F63

Amount of Each Receipt this Period

11147.61

In Kind Donation of Salaries

Full Name (Last, First, Middle Initial)

C. Susan B Anthony List, Inc.

Mailing Address 1200 New Hampshire Ave NW
Ste 750

City State Zip Code
Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1512787.97

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : F1-AC9E-8A6E14F80948

Amount of Each Receipt this Period

3797.05

In Kind Donation of Salaries

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

480053.73

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

1050943.73

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

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

FOR LINE NUMBER: PAGE 27 OF 3239

(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. Unlocking Potential PAC

Mailing Address 1390 Cambridge Road
 Suite 515

City McLean State VA Zip Code 22101

FEC ID number of contributing
federal political committee.

C C00564534

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

10 / **20** / **2014**

Transaction ID : **B4-86BA-728CE6EE18EB**

Amount of Each Receipt this Period

20000.00

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

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

Amount of Each Receipt this Period

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

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

20000.00

20000.00

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

PAGE 28 OF 3239

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

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

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 16 2014
Transaction ID : D64C7B30-F843-4F9A-B

Amount of Each Disbursement this Period

15.00

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

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
10 16 2014
Transaction ID : 3B0A531C-C7E6-4C73-A

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

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
10 17 2014
Transaction ID : 8B7B5463-1E36-4AFC-8

Amount of Each Disbursement this Period

15.00

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

45.00

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

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

Date of Disbursement

Three digital displays are shown, each with a set of small squares above the digits. The first display shows '10' with two squares above the '1' and two above the '0'. The second display shows '22' with one square above each '2'. The third display shows '2014' with one square above each digit.

Transaction ID : 60C7954A-ED47-4E44-B

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

B. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement	Bank Fees

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : 10A1C2FF-CE86-427D-8

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 6E274EE0-B4BD-439A-8

Amount of Each Disbursement this Period

15.00

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

45.00

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

[illegible]

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

PAGE 30 OF 3239

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : 9104D647-E8D5-44AC-9

Amount of Each Disbursement this Period

15.00

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

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 03 2014
Transaction ID : 82D594AB-BC80-46F3-8

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. Chain Bridge Bank

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

Purpose of Disbursement
Bank Fees

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 05 2014
Transaction ID : 64030DA3-AA49-4919-A

Amount of Each Disbursement this Period

15.00

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

45.00

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Chain Bridge Bank

Date of Disbursement

Transaction ID : DCA25CBA-92AD-4D1D-B

001

Amount of Each Disbursement this Period

Category/
Type

15.00

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

State: District:

B. Activist Manager

Date of Disbursement

M M / D D / Y Y Y Y
10 22 2014

City	State	Zip Code
Great Falls	VA	22066

Transaction ID : 76C28227-6ED9-42A5-B

001

Amount of Each Disbursement this Period

Category/
Type

3000.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. Andresen Blom

Date of Disbursement

City	State	Zip Code
Winchester	VA	22602

Transaction ID : 7BEACBC5-07D7-4BC2-8

001

Amount of Each Disbursement this Period

Category/
Type

5000.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

8015.00

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

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Dick Wadhams

City	State	Zip Code
Littleton	CO	80123

Transaction ID : BC324E95-0F51-4EB5-8

001

Amount of Each Disbursement this Period

Category/
Type

5000.00

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

State: District:

B. Frank Cannon

M M / D D / Y Y Y Y
11 06 2014

City	State	Zip Code
Arlington	VA	22205

Transaction ID : 784B6BDE-26BD-4C28-9

001

Amount of Each Disbursement this Period

Category/
Type

1100.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. Laurie Lee

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '11' with two squares above it. The second display shows '06' with two squares above it. The third display shows '2014' with four squares above it.

City	State	Zip Code
Little Rock	AR	72211

Transaction ID : 50A19A78-6417-4F5F-9

001

Amount of Each Disbursement this Period

Category/
Type

3513.80

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State: District:

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

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

9613.80

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Majority Connections

Mailing Address 10 Pinnacle Rd

City Durham State NC Zip Code 27705

Purpose of Disbursement
Consulting

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 806C139C-DACC-49C3-9

Amount of Each Disbursement this Period

1118.00

Full Name (Last, First, Middle Initial)

B. Majority Connections

Mailing Address 10 Pinnacle Rd

City Durham State NC Zip Code 27705

Purpose of Disbursement
Consulting

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : DFA06238-6AC1-4F52-9

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon State VA Zip Code 20170

Purpose of Disbursement
Consulting

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : 06FFAF55-AF83-4FB0-9

Amount of Each Disbursement this Period

4000.00

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

7118.00

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City

Herndon

State

VA

Zip Code

20170

Purpose of Disbursement

Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
11 /D D D /
12 /Y Y Y Y Y Y
2014

Transaction ID : A6D219CB-57AE-4FFE-A

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. The Carlyle Gregory Company, LLCMailing Address 140 Little Falls St.
Suite 104

City

Falls Church

State

VA

Zip Code

22046

Purpose of Disbursement

Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10 /D D D /
17 /Y Y Y Y Y Y
2014

Transaction ID : 46C9F6B0-7358-4F79-A

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City

Little Rock

State

AR

Zip Code

72211

Purpose of Disbursement

Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M /
10 /D D D /
23 /Y Y Y Y Y Y
2014

Transaction ID : E7A108ED-328C-41BB-8

Amount of Each Disbursement this Period

1531.63

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

7531.63

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City	State	Zip Code
Little Rock	AR	72211

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : CC30EE2F-CA8B-4E0B-A

Amount of Each Disbursement this Period

17014.46

Full Name (Last, First, Middle Initial)

B. Homeschool Legal Defense Association

Mailing Address 1 Patrick Henry Circle

City	State	Zip Code
1 Patrick Henry Circle	VA	20132

Purpose of Disbursement
Contribution

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 7569B85A-DF09-403E-9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Authorize.Net

Mailing Address PO Box 947

City	State	Zip Code
American Fork	UT	84003

Purpose of Disbursement
Credit Card Processing

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : 0C89EF72-006F-4D64-B

Amount of Each Disbursement this Period

156.90

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

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

19671.36

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 23 / 2014

Transaction ID : 2FEA9EA7-FCA2-423D-A

Amount of Each Disbursement this Period

1.43

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2014

Transaction ID : 6EC65BA3-5E1F-4F64-A

Amount of Each Disbursement this Period

5.61

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : B7D206B0-68C2-4969-9

Amount of Each Disbursement this Period

5.90

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

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

12.94

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : FB5E56CF-BD79-4BC0-9

Amount of Each Disbursement this Period

6.56

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 14BA0D96-AD75-4B92-B

Amount of Each Disbursement this Period

6.84

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : BAD69A1D-60D5-43D2-9

Amount of Each Disbursement this Period

6.94

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

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

20.34

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : 0544407C-EF64-49E3-B

Amount of Each Disbursement this Period

8.18

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2014

Transaction ID : 67C50D4A-C3C4-490A-B

Amount of Each Disbursement this Period

9.60

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

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

Transaction ID : F27D9AC5-949D-4A3E-B

Amount of Each Disbursement this Period

10.17

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

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

27.95

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 28 2014**Transaction ID : 72ED7168-ACA2-4052-B**

Amount of Each Disbursement this Period

17.88

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 21 2014**Transaction ID : 3AB689C7-5F35-4807-9**

Amount of Each Disbursement this Period

20.25

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014**Transaction ID : 1BBD4765-56F2-4351-8**

Amount of Each Disbursement this Period

22.14

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

60.27

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : 5BC91322-67D7-4266-B

Amount of Each Disbursement this Period

22.43

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 8A036E9F-90FF-498D-9

Amount of Each Disbursement this Period

22.52

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

Transaction ID : DDF92970-F03D-4B9E-9

Amount of Each Disbursement this Period

34.40

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

79.35

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : 9D649DD0-F295-451D-A

Amount of Each Disbursement this Period

54.23

Full Name (Last, First, Middle Initial)

B. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 04 / 2014

Transaction ID : 424E4735-08FD-4617-8

Amount of Each Disbursement this Period

57.20

Full Name (Last, First, Middle Initial)

C. Discount BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : D4CE1393-865B-40C9-8

Amount of Each Disbursement this Period

63.22

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

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

174.65

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

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

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94042

Purpose of Disbursement
 Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 22 2014

Transaction ID : 5F58718C-5BA5-433D-9

Amount of Each Disbursement this Period

1.12

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94042

Purpose of Disbursement
 Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

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

Transaction ID : B4A648ED-B7A1-4AD8-A

Amount of Each Disbursement this Period

1.70

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2632 Marine Way

City State Zip Code
 Mountain View CA 94042

Purpose of Disbursement
 Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 27 2014

Transaction ID : 46E55920-9B60-4711-8

Amount of Each Disbursement this Period

4.96

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

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

7.78

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 20 2014
Transaction ID : 42DA43D1-5295-49D7-B

Amount of Each Disbursement this Period

16.73

B. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 29 2014
Transaction ID : A2836179-A3EA-4855-B

Amount of Each Disbursement this Period

19.60

C. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 03 2014
Transaction ID : 2D0F0299-4A7E-4B01-A

Amount of Each Disbursement this Period

19.60

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

55.93

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 17 2014
Transaction ID : FBF32EEF-2037-4CCE-8

Amount of Each Disbursement this Period

25.65

B. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 14 2014
Transaction ID : D0B1D736-1451-419D-9

Amount of Each Disbursement this Period

29.25

C. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2632 Marine Way

City Mountain View State CA Zip Code 94042

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y
11 03 2014
Transaction ID : 937058E6-73C6-4405-B

Amount of Each Disbursement this Period

60.37

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

115.27

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. MTOT Disc BankcardMailing Address 21215 Burbank Blvd
Suite 300

City Woodland Hills State CA Zip Code 91367

Purpose of Disbursement
Credit Card Processing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : ECC4BDC4-D80D-4087-B

Amount of Each Disbursement this Period

1	4	7	7	.	2	8

Full Name (Last, First, Middle Initial)

B. Design 4 Advertising

Mailing Address 106 N Collins St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement
Design Work

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
10		17		2014

Transaction ID : 16B9C83C-2BC0-423C-8

Amount of Each Disbursement this Period

2	2	5	.	0	0

Full Name (Last, First, Middle Initial)

C. Design 4 Advertising

Mailing Address 106 N Collins St.

City Plant City State FL Zip Code 33563

Purpose of Disbursement
Design Work

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
10		27		2014

Transaction ID : 52E258B0-FD5E-4E87-9

Amount of Each Disbursement this Period

8	4	4	.	0	0

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

2	5	4	6	.	2	8

2	5	4	6	.	2	8

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Design 4 Advertising

Mailing Address 106 N Collins St.

City	State	Zip Code
Plant City	FL	33563

Purpose of Disbursement
Design Work

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 548D557C-7D85-4121-B

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. terrydesigngroup

Mailing Address 5022 Prestwick Dr

City	State	Zip Code
Fairfax	VA	22030

Purpose of Disbursement
Design Work

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
10		27		2014

Transaction ID : 170BFADE-C83D-40B8-8

Amount of Each Disbursement this Period

175.00

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
In Kind Donation of Salaries

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
10		31		2014

Transaction ID : 356B5AE5-C1C8-47E6-A

Amount of Each Disbursement this Period

11147.61

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

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

13322.61

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ogletree Deakins

Mailing Address P.O. Box 89

City	State	Zip Code
Columbia	DC	29202

Purpose of Disbursement
Legal Consulting

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2014

Transaction ID : 87245915-72AD-4D41-9

Amount of Each Disbursement this Period

521.00

Full Name (Last, First, Middle Initial)

B. Webster, Chamberlain & Bean

Mailing Address 1747 Pennsylvania Ave, NW

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement
Legal Consulting

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : 9337E031-49DE-4EF6-8

Amount of Each Disbursement this Period

488.10

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City	State	Zip Code
Rochester	NY	14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

Transaction ID : 3EF49727-C59B-4EFF-9

Amount of Each Disbursement this Period

34.52

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

1043.62

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

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 50145B51-9985-4DF7-9

Amount of Each Disbursement this Period

38.30

B. PayChex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 96E7E481-3D03-419B-B

Amount of Each Disbursement this Period

38.30

C. PayChex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : B075DCE0-9E55-415A-9

Amount of Each Disbursement this Period

67.13

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

143.73

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

PAGE 53 OF 3239

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 24 2014
Transaction ID : 18B5A9F7-9309-4D76-A

Amount of Each Disbursement this Period

342.90

Full Name (Last, First, Middle Initial)

B. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 17 2014
Transaction ID : 62EA8CF7-CDA2-4BFD-A

Amount of Each Disbursement this Period

399.19

Full Name (Last, First, Middle Initial)

C. PayChex

Mailing Address 911 Panorama Trail S

City Rochester State NY Zip Code 14625

Purpose of Disbursement
Payroll Processing

001

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : B01D971D-AD70-4E28-8

Amount of Each Disbursement this Period

439.23

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

1181.32

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City	State	Zip Code
Nashua	NH	03060

Purpose of Disbursement	Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 789B91BB-D663-412F-A

Amount of Each Disbursement this Period

844.33

Full Name (Last, First, Middle Initial)

B. Beene Office Park, LLC

Mailing Address 2250 Hospital Drive
Suite 220

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 5B1FBD4D-85C1-4700-A

Amount of Each Disbursement this Period

911.00

Full Name (Last, First, Middle Initial)

C. C&K Properties

Mailing Address 6350 Cephis Drive

City	State	Zip Code
Clemmons	NC	27012

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1B4469CD-12E4-4511-9

Amount of Each Disbursement this Period

995.00

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

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

2750.33

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Centrex Properties

Mailing Address 4040 Ed Drive
Suite 210

City	State	Zip Code
Raleigh	NC	27607

Purpose of Disbursement
Rent

Candidate Name _____

Office Sought:	☐	House
	☐	Senate
	☐	President

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

Date of Disbursement

Three digital displays are shown, each with a set of small squares above the digits. The first display shows '10' with two squares above the '1' and two above the '0'. The second display shows '22' with one square above each '2'. The third display shows '2014' with one square above each digit.

Transaction ID : C6A4CC4D-AED2-4123-A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Colonial Properties

Mailing Address 5100 South Thompson St.

City	State	Zip Code
Springfield	AR	72764

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 12 2014

Transaction ID : B42AA00A-8EAE-4CDD-B

Amount of Each Disbursement this Period

39.00

Full Name (Last, First, Middle Initial)

C. Colonial Properties

Mailing Address 5100 South Thompson St.

City	State	Zip Code
Springfield	AR	72764

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 4ABDF1F5-0C3D-43F4-A

Amount of Each Disbursement this Period

350.43

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

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

1589.43

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Colonial Properties

Mailing Address 5100 South Thompson St.

City	State	Zip Code
Springfield	AR	72764

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 1435FE65-4424-4DCB-A

Amount of Each Disbursement this Period

695.00

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

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Taylor	86
Robert Miller	77
Olivia Moore	83
William Clark	76
Isabella Lewis	81
Benjamin Hall	74
Mia King	87
Ethan Green	73
Ava Adams	84
Lucas Baker	72
Sophia Nelson	89
Henry Carter	71
Charlotte Evans	80
Sebastian Foster	70
Amelia Gibson	86
Matthew Hill	75
Harper Young	83
Christopher King	74
Evelyn Wright	88
Andrew Scott	72
Madison Allen	85
Jonathan King	71
Chloe Evans	82
Isaac Baker	73
Lily Green	87
Samuel Adams	70
Grace Nelson	84
Benjamin Carter	72
Victoria Foster	89
William Evans	71
Isabella King	86
James Green	74
Mia Adams	83
Lucas Nelson	72
Sophia Carter	88
Henry Evans	70
Charlotte King	85
Sebastian Green	73
Amelia Adams	87
Matthew Nelson	71
Harper Carter	84
Christopher Evans	72
Evelyn King	89
Andrew Green	70
Madison Adams	86
Jonathan Nelson	73
Chloe Carter	82
Isaac Evans	71
Lily King	88
Samuel Green	74
Grace Adams	85
Benjamin Nelson	72
Victoria Carter	87
William King	70
Isabella Green	84
James Adams	73
Mia Nelson	89
Lucas Carter	71
Sophia King	86
Henry Green	74
Charlotte Adams	83
Sebastian Nelson	72
Amelia Carter	88
Matthew King	70
Harper Green	85
Christopher Adams	73
Evelyn Nelson	87
Andrew King	71
Madison Green	84
Jonathan Adams	72
Chloe Nelson	89
Isaac King	70
Lily Green	86
Samuel Adams	73
Grace Nelson	88
Benjamin Carter	71
Victoria King	85
William Green	74
Isabella Adams	83
James Nelson	72
Mia Carter	87
Lucas King	70
Sophia Green	84
Henry Adams	73
Charlotte Nelson	89
Sebastian King	71
Amelia Green	86
Matthew Adams	74
Harper Nelson	82
Christopher King	70
Evelyn Green	88
Andrew Adams	72
Madison Nelson	85
Jonathan King	73
Chloe Green	87
Isaac Adams	71
Lily Nelson	84
Samuel King	70
Grace Green	86
Benjamin Adams	73
Victoria Nelson	89
William King	71
Isabella Green	85
James Adams	74
Mia Nelson	83
Lucas King	72
Sophia Green	88
Henry Adams	70
Charlotte Nelson	86
Sebastian King	73
Amelia Green	87
Matthew Adams	71
Harper Nelson	84
Christopher King	72
Evelyn Green	89
Andrew Adams	70
Madison Nelson	85
Jonathan King	73
Chloe Green	87
Isaac Adams	71
Lily Nelson	84
Samuel King	70
Grace Green	86
Benjamin Adams	73
Victoria Nelson	89
William King	71
Isabella Green	85
James Adams	74
Mia Nelson	83
Lucas King	72
Sophia Green	88
Henry Adams	70
Charlotte Nelson	86
Sebastian King	73
Amelia Green	87
Matthew Adams	71
Harper Nelson	84
Christopher King	72
Evelyn Green	89
Andrew Adams	70
Madison Nelson	85
Jonathan King	73
Chloe Green	87
Isaac Adams	71
Lily Nelson	84
Samuel King	70
Grace Green	86
Benjamin Adams	73
Victoria Nelson	89
William King	71
Isabella Green	85
James Adams	74
Mia Nelson	83
Lucas King	72
Sophia Green	88
Henry Adams	70
Charlotte Nelson	86
Sebastian King	73
Amelia Green	87
Matthew Adams	71
Harper Nelson	84
Christopher King	72
Evelyn Green	89
Andrew Adams	70
Madison Nelson	85
Jonathan King	73

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 6BE7AEC2-405B-4E20-8

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

C. Douglas Young

Mailing Address 65 Crimson Laurel Way

City	State	Zip Code
Bakersville	NC	28705

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 7EB9F587-4DB8-48E2-9

Amount of Each Disbursement this Period

350.00

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

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

1945.00

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Highway 10 Office Park, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 1 Allied Drive
Suite 1500

City Little Rock State AR Zip Code 72202

Purpose of Disbursement
Rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : F5C7900B-69EA-459E-8

Amount of Each Disbursement this Period

396.62

Full Name (Last, First, Middle Initial)

B. JSZ Property Management

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 1507 East Race

City Searcy State AR Zip Code 72143

Purpose of Disbursement
Rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : EA53C032-8F79-41AD-9

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

C. New Orleans RTL Educational Foundation

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Mailing Address 7121 Catina St

City New Orleans State LA Zip Code 70124

Purpose of Disbursement
rent

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 437F235D-B3B8-4247-A

Amount of Each Disbursement this Period

3250.00

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

4196.62

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Orleans Place, LLC

Mailing Address PO Box 52592

City	State	Zip Code
Lafayette	LA	70505

Purpose of Disbursement
Rent

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Three digital displays are shown, each with a row of small squares above the main number. The first display shows '10' with two squares (M, M). The second display shows '22' with two squares (D, D). The third display shows '2014' with four squares (Y, Y, Y, Y).

Transaction ID : A835A50B-2B82-43C6-B

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City	State	Zip Code
Topeka	KS	66604

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
11 14 2014

Transaction ID : 62532EBC-2FDB-40CE-B

Amount of Each Disbursement this Period

1291.14

Full Name (Last, First, Middle Initial)

C. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City	State	Zip Code
Topeka	KS	66604

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 4EA60683-99A2-4035-8

Amount of Each Disbursement this Period

2388.44

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

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

4129.58

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : E2433117-EC26-4FE9-9

Amount of Each Disbursement this Period

1100.75

Full Name (Last, First, Middle Initial)

B. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 31 2014
Transaction ID : 72A8CDE2-C5D2-4EF4-9

Amount of Each Disbursement this Period

1100.75

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

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
10 31 2014
Transaction ID : 56A1F9BF-064E-493E-A

Amount of Each Disbursement this Period

1100.75

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

3302.25

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

State: District:

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : 2EE7A6FA-BE23-471E-B

Amount of Each Disbursement this Period

1175.19

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

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
10 / 31 / 2014
Transaction ID : 8320658E-C1CE-410C-8

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

C. Garrett T Love

Mailing Address 102 N Quzura

City Montezuma State KS Zip Code 67869

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : A13334C6-2852-49AB-B

Amount of Each Disbursement this Period

1363.31

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

4786.94

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garrett T Love

Mailing Address 102 N Quzura

City Montezuma State KS Zip Code 67869

Purpose of Disbursement
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 4BB38FFC-7CA7-4C82-9

Amount of Each Disbursement this Period

2019.68

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
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : 28AD0EA4-8020-47F5-9

Amount of Each Disbursement this Period

1358.25

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
Salary

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 1250DEB9-9E0F-47C0-9

Amount of Each Disbursement this Period

2558.58

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

5936.51

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Jacob A LaTurner

Mailing Address 204 E Euclid St

City State Zip Code
Pittsburg KS 66762Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2014**Transaction ID : 49B128ED-D4FF-4FF0-8**

Amount of Each Disbursement this Period

1383.56

Full Name (Last, First, Middle Initial)

B. Jacob A LaTurner

Mailing Address 204 E Euclid St

City State Zip Code
Pittsburg KS 66762Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014**Transaction ID : 3ADE01B6-BB28-4CAE-9**

Amount of Each Disbursement this Period

2100.76

Full Name (Last, First, Middle Initial)

C. Jennifer Gross

Mailing Address 1707 L St, NW

City State Zip Code
Washington DC 20036Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014**Transaction ID : 6AAC1E04-3C54-487F-B**

Amount of Each Disbursement this Period

1717.42

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

5201.74

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D0CF7707-A788-4927-9

Amount of Each Disbursement this Period

1295.25

Full Name (Last, First, Middle Initial)

B. Joanne Filiatreau

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 5561663F-952D-49E0-A

Amount of Each Disbursement this Period

2410.30

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 70A2345F-039B-4110-8

Amount of Each Disbursement this Period

1260.67

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

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

4966.22

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement	Salary

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Three digital displays showing the date 10/31/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '31' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : ECE28D4C-4FDD-45E8-8

Amount of Each Disbursement this Period

2359.25

Full Name (Last, First, Middle Initial)

B. Marjorie Dannenfelser

Mailing Address 1707 L St, NW
Suite 350

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement
SALARY

Candidate Name	
1	1
2	2
3	3
4	4
5	5
6	6
7	7
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10	10
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89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 10/31/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '31' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : 3C5A2E50-5488-42C4-8

Amount of Each Disbursement this Period

1174.52

Full Name (Last, First, Middle Initial)

C. Martha C Luke

Mailing Address 345 S Club Ave

City	State	Zip Code
St. Gabriel	LA	70776

Purpose of Disbursement	salary
1. Compensation for services rendered	
2. Fringe benefits	
3. Social Security contributions	
4. Health insurance contributions	
5. Pension contributions	
6. Other benefits	
7. Severance pay	
8. Unemployment benefits	
9. Other social security contributions	
10. Other	
Total	

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Transaction ID : 8C196FD0-16A9-48E9-8

Amount of Each Disbursement this Period

1299.58

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

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

4833.35

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City Searcy State AR Zip Code 72143

Purpose of Disbursement
salary

Candidate Name

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

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2014
Transaction ID : C9D94EFE-0DAC-4BE8-8

Amount of Each Disbursement this Period

1182.86

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
salary

Candidate Name

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

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014
Transaction ID : CA8EA90C-8F61-4ADE-8

Amount of Each Disbursement this Period

2245.61

Full Name (Last, First, Middle Initial)

C. Michael B ODonnell

Mailing Address 1309 N High

City Wichita State KS Zip Code 67203

Purpose of Disbursement
salary

Candidate Name

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

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 14 / 2014
Transaction ID : DD47725E-886F-4C6C-A

Amount of Each Disbursement this Period

1192.44

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

4620.91

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Michael B ODonnell

Mailing Address 1309 N High

City	State	Zip Code
Wichita	KS	67203

Purpose of Disbursement	salary
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
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61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Transaction ID : 437A8720-B378-4DAF-8

Amount of Each Disbursement this Period

1772.84

Full Name (Last, First, Middle Initial)

B. Michelle Rickert

Mailing Address 710 St. Martins Lane

City	State	Zip Code
Bossier City	LA	71111

Purpose of Disbursement	salary
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : B9B67C67-3234-4F2F-A

Amount of Each Disbursement this Period

2506.50

Full Name (Last, First, Middle Initial)

C. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement	salary
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
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71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : ECD4F9B2-80AB-42E7-9

Amount of Each Disbursement this Period

754.41

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

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

5033.75

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
salary

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : A3608439-BBB7-4289-A

Amount of Each Disbursement this Period

1175.19

Full Name (Last, First, Middle Initial)

B. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

Purpose of Disbursement
salary

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : 3C380280-2E68-4BBB-9

Amount of Each Disbursement this Period

2248.44

Full Name (Last, First, Middle Initial)

C. Robert W Barrett

Mailing Address 8752 Switzer St

City Overland Park State KS Zip Code 66214

Purpose of Disbursement
salary

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014
Transaction ID : E3F7DCBC-7DD2-489B-8

Amount of Each Disbursement this Period

1200.50

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

4624.13

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ruth Wisher

Date of Disbursement

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

Mailing Address 515 Gardere Lane
Apt 215

City Baton Rouge State LA Zip Code 70820

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type**Transaction ID : 20F5802D-C243-4D41-9**

Amount of Each Disbursement this Period

2963.19

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Shanon Snyder

Date of Disbursement

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

Mailing Address 2701 Winifred

City Metairie State LA Zip Code 70003

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type**Transaction ID : 3DB2CE86-703C-4893-8**

Amount of Each Disbursement this Period

1367.18

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Tami Fitzgerald

Date of Disbursement

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

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
salary

001

Candidate Name

Category/
Type**Transaction ID : 4B898DFB-662F-4223-9**

Amount of Each Disbursement this Period

2474.50

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

6804.87

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement	salary
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Transaction ID : 24A822DF-E29B-44CC-9

Amount of Each Disbursement this Period

4621.00

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement	salary
1	100000
2	100000
3	100000
4	100000
5	100000
6	100000
7	100000
8	100000
9	100000
10	100000
11	100000
12	100000
13	100000
14	100000
15	100000
16	100000
17	100000
18	100000
19	100000
20	100000
21	100000
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87	100000
88	100000
89	100000
90	100000
91	100000
92	100000
93	100000
94	100000
95	100000
96	100000
97	100000
98	100000
99	100000
100	100000

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
11 14 2014

Transaction ID : EB59BBB6-65E6-4264-A

Amount of Each Disbursement this Period

1280.83

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	salary
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
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28	28
29	29
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31	31
32	32
33	33
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62	62
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70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 3DCB8348-439A-4DCA-B

Amount of Each Disbursement this Period

2359.19

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

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

8261.02

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Timothy S Powell

Mailing Address 7745 SW El Cerrito

City Topeka State KS Zip Code 66614

Purpose of Disbursement
Salary

001

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
11 14 2014
Transaction ID : B41D5EA8-11F0-45DD-9

Amount of Each Disbursement this Period

1241.81

Full Name (Last, First, Middle Initial)

B. Timothy S Powell

Mailing Address 7745 SW El Cerrito

City Topeka State KS Zip Code 66614

Purpose of Disbursement
SALary

001

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
10 31 2014
Transaction ID : 3AF04872-E2E0-4BDD-A

Amount of Each Disbursement this Period

1822.21

Full Name (Last, First, Middle Initial)

C. Ursula Anderson

Mailing Address 210 Cooper Drive

City Lafayette State LA Zip Code 70501

Purpose of Disbursement
salary

001

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
10 24 2014
Transaction ID : FA070001-8E3A-4108-B

Amount of Each Disbursement this Period

1356.25

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

4420.27

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

PAGE 75 OF 3239

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Emily BuchananMailing Address 1707 L St, NW
Suite 550

City Washington State DC Zip Code 20036

Purpose of Disbursement
Salary

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014**Transaction ID : 99E0D7BD-213C-44D3-B**

Amount of Each Disbursement this Period

1268.16

Full Name (Last, First, Middle Initial)

B. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Taxes

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 15 / 2014**Transaction ID : 8D550F39-B2DF-4734-A**

Amount of Each Disbursement this Period

131.66

Full Name (Last, First, Middle Initial)

C. AR Department of Revenue

Mailing Address 1509 W. 7th Street

City Little Rock State AR Zip Code 72201

Purpose of Disbursement
Taxes

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
10 / 24 / 2014**Transaction ID : E09D94E0-9730-4A2C-A**

Amount of Each Disbursement this Period

424.16

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

1823.98

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '11' with two squares above it. The second display shows '15' with two squares above it. The third display shows '2014' with four squares above it.

Category/
Type

State: District:

Category/
Type

State: District:

Category/
Type

State: District:

737.98

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement	Taxes

Candidate Name _____

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 117922C7-9F7E-44D2-8

Amount of Each Disbursement this Period

406.67

Full Name (Last, First, Middle Initial)

B. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement	Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : C23FEC0C-DC26-43A9-A

Amount of Each Disbursement this Period

443.54

Full Name (Last, First, Middle Initial)

C. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Three digital displays are shown side-by-side. The first display shows the number '10' with two small gray squares above the '1' and one above the '0'. The second display shows '31' with one square above the '3' and one above the '1'. The third display shows '2014' with one square above each of the four digits.

Transaction ID : 6A3F24C9-9AC6-42F5-A

Amount of Each Disbursement this Period

529.96

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

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

1380.17

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement	Taxes

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : EC8030BA-5263-4DAA-A

Amount of Each Disbursement this Period

784.34

Full Name (Last, First, Middle Initial)

B. Arkansas Dept of Workforce Services

Mailing Address PO Box 8007

City	State	Zip Code
Little Rock	AR	72203

Purpose of Disbursement	Taxes

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

MM / DD / YYYY

Transaction ID : 6901768F-D097-4D0E-9

Amount of Each Disbursement this Period

1174.92

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	Taxes

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 0456DF29-D7B8-4AB0-B

Amount of Each Disbursement this Period

Food Type	Number of People
Vegetables	10
Fruits	8
Grains	6
Meat	4

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

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

1963.76

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Category/
Type

State: District:

Category/
Type

State: District:

Three digital displays are shown, each with a number and small squares above it. The first display shows '10' with two squares above it. The second display shows '17' with two squares above it. The third display shows '2014' with four squares above it.

Category/
Type

State: District:

370.22

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. DC Unemployment Services

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Transaction ID : 69133EC8-E7AB-487A-8

Amount of Each Disbursement this Period

265.22

Full Name (Last, First, Middle Initial)

B. DC Unemployment Services

Mailing Address 501 C St. NW #501

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : AF2E27BB-256A-471B-9

Amount of Each Disbursement this Period

363.64

Full Name (Last, First, Middle Initial)

C. KS Unemployment

Mailing Address PO Box 66601

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement Taxes

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 99C58FFE-2548-47F7-A

Amount of Each Disbursement this Period

140.09

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

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

768.95

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Three digital displays showing the date 10/31/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '31' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Category/
Type

200.13

M M / D D / Y Y Y Y
11 15 2014

Category/
Type

202.50

Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '11' with two squares above it. The second display shows '07' with two squares above it. The third display shows '2014' with four squares above it.

Amount of Each Disbursement this Period

Category/
Type

295.63

698.26

FEC Schedule B (Form 3X) Rev. 02/2003

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. LA Unemployment

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

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Taxes

Candidate Name _____

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 01C7D809-0F66-4DE3-A

Amount of Each Disbursement this Period

139.22

Full Name (Last, First, Middle Initial)

B. LA Unemployment

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

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Taxes

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
11 15 2014

Transaction ID : 47BED721-8755-458E-8

Amount of Each Disbursement this Period

231.34

Full Name (Last, First, Middle Initial)

C. LA Unemployment

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

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Taxes

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : C34E0FF1-5EED-4C8A-8

Amount of Each Disbursement this Period

252.27

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

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

622.83

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has 10 evenly spaced vertical hangers. The bottom beam has 10 evenly spaced vertical hangers. The left and right vertical supports are shown as thick vertical lines. The interior of the frame is white.

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. LA Unemployment

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

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Taxes

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 52B0B3F7-F9AD-447E-B

Amount of Each Disbursement this Period

351.54

Full Name (Last, First, Middle Initial)

B. LA Unemployment

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

City	State	Zip Code
Baton Rouge	LA	70804

Purpose of Disbursement	Taxes

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
10 16 2014

Transaction ID : 3AAEE3EC-C4C3-4B2A-B

Amount of Each Disbursement this Period

572.86

Full Name (Last, First, Middle Initial)

C. NC Department of Revenue

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement	Taxes

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 44815E17-BBDD-4A93-B

Amount of Each Disbursement this Period

333.00

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

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

1257.40

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. NC Department of Revenue

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement Taxes

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 971CAB8D-A83B-45CD-A

Amount of Each Disbursement this Period

395.54

Full Name (Last, First, Middle Initial)

B. NC Department of Revenue

Mailing Address PO Box 25000

City	State	Zip Code
Raleigh	NC	27640

Purpose of Disbursement	Taxes

Candidate Name	Score
John Doe	85
Jane Smith	78
Michael Johnson	92
Sarah Williams	88
David Brown	75
Emily Davis	82
James Wilson	79
Alice Miller	86
Robert Taylor	77
Olivia Anderson	83
William Moore	76
Isabella Clark	81
Benjamin Lewis	74
Mia Hall	87
Ethan King	73
Ava White	84
Lucas Green	72
Sophia Adams	89
Henry Baker	71
Charlotte Nelson	80
Sebastian Hill	70
Amelia Scott	86
Matthew Young	75
Evelyn King	83
Joseph Wright	74
Grace Green	88
Samuel Adams	72
Chloe Baker	81
Christopher Hill	76
Victoria Scott	85
Andrew Young	73
Hannah King	82
Joshua Wright	71
Lily Green	87
Isaac Adams	70
Zoe Baker	84
Nathan Hill	75
Aria Scott	89
Diego Young	72
Scarlett King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86
Jeremiah Adams	71
Leah Baker	83
Timothy Hill	76
Madison Scott	85
Jeremiah Young	73
Leah King	82
Timothy Wright	71
Madison Green	87
Jeremiah Adams	70
Leah Baker	84
Timothy Hill	75
Madison Scott	89
Jeremiah Young	72
Leah King	80
Timothy Wright	74
Madison Green	86

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : DE0C4FD7-9D7C-4237-A

Amount of Each Disbursement this Period

942.00

Full Name (Last, First, Middle Initial)

C. NC Unemployment

Mailing Address 1101 Mail Service Center

City	State	Zip Code
Raleigh	NC	27699

Purpose of Disbursement Taxes

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 6D75A359-7412-4D0E-A

Amount of Each Disbursement this Period

126.00

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

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

1463.54

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

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

FOR LINE NUMBER:
(check only one)

PAGE 88 OF 3239

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

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NAME OF COMMITTEE (In Full)
Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

001

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 Y
10 / 17 / 2014

Transaction ID : 79FA2096-E780-4844-9

Amount of Each Disbursement this Period

3204.42

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

001

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 Y
10 / 24 / 2014

Transaction ID : 1C2943F4-3A55-4B4C-B

Amount of Each Disbursement this Period

3425.64

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

001

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 Y
11 / 15 / 2014

Transaction ID : 0AFA1A4A-C6C3-49B3-A

Amount of Each Disbursement this Period

4000.85

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

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

10630.91

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Taxes

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
10		31		2014

Transaction ID : 042DD834-DFF8-4396-A

Amount of Each Disbursement this Period

4690.81

Full Name (Last, First, Middle Initial)

B. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Taxes

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
11		15		2014

Transaction ID : 7650BAE2-6C6F-4B89-A

Amount of Each Disbursement this Period

4770.21

Full Name (Last, First, Middle Initial)

C. IRS

Mailing Address IRS

City	State	Zip Code
Cincinnati	OH	45999

Purpose of Disbursement
Taxes

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
11		07		2014

Transaction ID : 9ACF5DF1-DE15-475B-9

Amount of Each Disbursement this Period

5662.47

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

15123.49

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

001

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : 673AB344-6898-4E2C-B

Amount of Each Disbursement this Period

16207.37

B. IRS

Mailing Address IRS

City Cincinnati State OH Zip Code 45999

Purpose of Disbursement
Taxes

Candidate Name

001

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2014
Transaction ID : 0267443C-CDF6-4AA7-B

Amount of Each Disbursement this Period

492.29

C. VA Department of Taxation

Mailing Address PO Box 1115

City Richmond State VA Zip Code 23218

Purpose of Disbursement
Taxes

Candidate Name

001

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014
Transaction ID : 1764C256-CBD2-41B0-B

Amount of Each Disbursement this Period

103.34

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

16803.00

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City Topeka	State KS	Zip Code 66604

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : B7465BDE-E829-405A-8

Amount of Each Disbursement this Period

180.26

Full Name (Last, First, Middle Initial)

B. Andrea L Plunkett

Mailing Address 1411 SW 13th St Apt 208

City Topeka	State KS	Zip Code 66604

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : F4FAA81D-63EA-4499-A

Amount of Each Disbursement this Period

236.00

Full Name (Last, First, Middle Initial)

C. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua	State NH	Zip Code 03060

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 1CC56A16-CC35-4D96-9

Amount of Each Disbursement this Period

1325.17

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

1741.43

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Christopher Crawford

Mailing Address 18 Fairhaven road

City Nashua State NH Zip Code 03060

Purpose of Disbursement
Travel Reimbursement

002

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
10 22 2014
Transaction ID : FF32568E-D680-4B9E-8

Amount of Each Disbursement this Period

1325.17

Full Name (Last, First, Middle Initial)

B. Ms. Dayna Poppen

Mailing Address 111 Jerold Dr

City West Monroe State LA Zip Code 71291

Purpose of Disbursement
Travel Reimbursement

002

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
11 12 2014
Transaction ID : 4A620A27-C0E3-4B74-8

Amount of Each Disbursement this Period

97.97

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

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
10 17 2014
Transaction ID : 33250EDC-1780-4F44-A

Amount of Each Disbursement this Period

308.91

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

1732.05

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 27 2014
Transaction ID : 2C90CAC8-9549-4AF5-8

Amount of Each Disbursement this Period

392.99

Full Name (Last, First, Middle Initial)

B. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2014
Transaction ID : 1F055D5B-1BF1-4AC0-B

Amount of Each Disbursement this Period

418.18

Full Name (Last, First, Middle Initial)

C. Garland Honeycutt

Mailing Address 1081 Fork Mountain

City Bakersville State NC Zip Code 28705

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 06 2014
Transaction ID : 741857BA-7FCB-46C2-A

Amount of Each Disbursement this Period

636.04

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

1447.21

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Garrett T Love

Mailing Address 102 N Ouzura

City	State	Zip Code
Montezuma	KS	67869

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement



Transaction ID : 3E4749A2-2F98-42FB-8

Amount of Each Disbursement this Period

474.71

Full Name (Last, First, Middle Initial)

B. Garrett T Love

Mailing Address 102 N Ouzura

City	State	Zip Code
Montezuma	KS	67869

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 84AE4763-18AB-4597-A

Amount of Each Disbursement this Period

578.12

Full Name (Last, First, Middle Initial)

C. Garrett T Love

Mailing Address 102 N Quzura

City	State	Zip Code
Montezuma	KS	67869

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement



Three digital displays are shown, each with a number and small squares above it. The first display shows '10' with two squares above it. The second display shows '30' with two squares above it. The third display shows '2014' with four squares above it.

Transaction ID : 411A656C-A11E-4651-8

Amount of Each Disbursement this Period

697.45

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

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

1750.28

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

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Grayson Greco

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	4		

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:

Transaction ID : A3C56627-A7D3-4143-9

Amount of Each Disbursement this Period

4	8	8	.	7	8

Full Name (Last, First, Middle Initial)

B. Mr. Grayson Greco

Date of Disbursement

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

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:

Transaction ID : 3B32F63C-FA78-4A86-B

Amount of Each Disbursement this Period

1	2	2	.	1	0

Full Name (Last, First, Middle Initial)

C. Joanne Filiatreau

Date of Disbursement

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

Mailing Address 3 Putter Cove

City	State	Zip Code
Sherwood	AR	72120

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

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

State: District:

Transaction ID : B5FA858F-1EC9-4931-A

Amount of Each Disbursement this Period

1	4	2	.	1	2

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

1	8	5	2	.	0	0

1	8	5	2	.	0	0

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. 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

M M M / D D D / Y Y Y Y Y Y
10 22 2014

Transaction ID : D06BF43B-A11E-4C6C-9

Amount of Each Disbursement this Period

198.94

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

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
11 06 2014

Transaction ID : 9FF39854-5D2F-4B09-B

Amount of Each Disbursement this Period

889.62

Full Name (Last, First, Middle Initial)

C. Joanne Filiatreau

Mailing Address 3 Putter Cove

City Sherwood State AR Zip Code 72120

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 12 2014

Transaction ID : E2AB300E-5E1C-489D-8

Amount of Each Disbursement this Period

1570.09

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

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

2658.65

SCHEDULE B (FEC Form 3X)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2014
Transaction ID : 665050C4-A792-42F0-8

Amount of Each Disbursement this Period

160.29

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : F635E220-A56D-4DA1-A

Amount of Each Disbursement this Period

235.32

Full Name (Last, First, Middle Initial)

C. Julie Harris

Mailing Address 3654 Tara Street

City Springdale State AR Zip Code 72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014
Transaction ID : 3595A5D7-71D3-4C9D-B

Amount of Each Disbursement this Period

345.42

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

741.03

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☐	27	☐	28a	☐	28b	☐	28c	☐	29	☐	30b

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Transaction ID : 1FC7FD6B-D19E-4DC6-8

Amount of Each Disbursement this Period

377.22

Full Name (Last, First, Middle Initial)

B. Julie Harris

Mailing Address 3654 Tara Street

City	State	Zip Code
Springdale	AR	72762

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
11 12 2014

Transaction ID : 2D68D3C9-5D23-4657-8

Amount of Each Disbursement this Period

391.18

Full Name (Last, First, Middle Initial)

C. Mallory Quigley

Mailing Address 2061 Hopewood Dr

City	State	Zip Code
Falls Church	VA	22043

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
10 27 2014

Transaction ID : A7CA577F-843E-4632-A

Amount of Each Disbursement this Period

210.06

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

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

978.46

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

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Martha C Luke

Mailing Address 345 S Club Ave

City	State	Zip Code
St. Gabriel	LA	70776

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 7B43886E-F0BA-4194-A

Amount of Each Disbursement this Period

79.50

Full Name (Last, First, Middle Initial)

B. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 22EDBD48-5CD9-45D2-B

Amount of Each Disbursement this Period

215.75

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnolia Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 5B8056F1-A80A-4950-B

Amount of Each Disbursement this Period

232.06

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

527.31

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

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : A612E261-74E7-4BFF-8

Amount of Each Disbursement this Period

236.06

Full Name (Last, First, Middle Initial)

B. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 56122702-3D2E-47CA-9

Amount of Each Disbursement this Period

470.00

Full Name (Last, First, Middle Initial)

C. Mary Katherine Collins

Mailing Address 15 1/2 Magnoila Circle

City	State	Zip Code
Searcy	AR	72143

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : FE1D988D-2481-49B5-B

Amount of Each Disbursement this Period

1040.00

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

1746.06

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 905D889C-2126-4DCD-A

Amount of Each Disbursement this Period

956.69

Full Name (Last, First, Middle Initial)

B. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 3D7E61AF-2EAB-44B9-A

Amount of Each Disbursement this Period

1419.85

Full Name (Last, First, Middle Initial)

C. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City	State	Zip Code
Herndon	VA	20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : 06933B7D-B48E-44FA-8

Amount of Each Disbursement this Period

2295.09

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

4671.63

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mick Bransfield

Mailing Address 12720 Builders Rd

City Herndon	State VA	Zip Code 20170

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 611F57D1-F353-4F90-9

Amount of Each Disbursement this Period

5217.74

Full Name (Last, First, Middle Initial)

B. Michael B ODonnell

Mailing Address 1309 N High

City Wichita	State KS	Zip Code 67203

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : 2F4EA8FF-FD90-463D-A

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Michelle Rickert

Mailing Address 710 St. Martins Lane

City Bossier City	State LA	Zip Code 71111

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : C6E672E3-14FE-4C63-9

Amount of Each Disbursement this Period

645.43

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

5888.17

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

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

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
11 / 12 / 2014
Transaction ID : E226832B-C4E0-453B-B

Amount of Each Disbursement this Period

62.70

Full Name (Last, First, Middle Initial)

B. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

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
10 / 22 / 2014
Transaction ID : 29EBA23C-BE14-4603-B

Amount of Each Disbursement this Period

206.40

Full Name (Last, First, Middle Initial)

C. Petrina Williams

Mailing Address 3007 Darden Rd

City Greensboro State NC Zip Code 27407

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
10 / 27 / 2014
Transaction ID : DE711671-E9D9-4E06-A

Amount of Each Disbursement this Period

390.40

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

659.50

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Petrina Williams

Mailing Address 3007 Darden Rd

City	State	Zip Code
Greensboro	NC	27407

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 067399FC-1083-47BC-9

Amount of Each Disbursement this Period

521.76

Full Name (Last, First, Middle Initial)

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

City	State	Zip Code
Baton Rouge	LA	70820

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : 13584651-3407-4287-9

Amount of Each Disbursement this Period

218.55

Full Name (Last, First, Middle Initial)

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

City	State	Zip Code
Baton Rouge	LA	70820

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : 27911192-243F-4706-A

Amount of Each Disbursement this Period

479.02

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

1219.33

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

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014
Transaction ID : 26DD6EEE-F0D9-4C8D-B

Amount of Each Disbursement this Period

51.83

Full Name (Last, First, Middle Initial)

B. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City Raleigh State NC Zip Code 27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014
Transaction ID : 51BB644C-D016-43C4-B

Amount of Each Disbursement this Period

162.07

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

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
11 / 12 / 2014
Transaction ID : 3D1D8CAD-4D72-4FFE-B

Amount of Each Disbursement this Period

584.19

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

798.09

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

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NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Tami Fitzgerald

Mailing Address 109 Carpathian Way

City	State	Zip Code
Raleigh	NC	27615

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2014

Transaction ID : AA340253-9FD5-4905-A

Amount of Each Disbursement this Period

702.08

Full Name (Last, First, Middle Initial)

B. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : 3F18BA7E-A11B-4D14-8

Amount of Each Disbursement this Period

109.18

Full Name (Last, First, Middle Initial)

C. Taylor Wilson

Mailing Address 6300 terra verde dr

City	State	Zip Code
Raleigh	NC	27609

Purpose of Disbursement
Travel Reimbursement

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : BDB1C2E0-55CB-4820-9

Amount of Each Disbursement this Period

126.46

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

937.72

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

PAGE 111 OF 3239

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Women Speak Out PAC

Full Name (Last, First, Middle Initial)

A. Taylor Wilson

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) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 06 / 2014
Transaction ID : A9F97580-D677-4BDC-8

Amount of Each Disbursement this Period

170.93

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

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
10 / 27 / 2014
Transaction ID : 4FFE2972-473C-4764-9

Amount of Each Disbursement this Period

189.06

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

Candidate Name

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

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

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 12 / 2014
Transaction ID : 169B1AE8-3577-484D-9

Amount of Each Disbursement this Period

712.01

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

1072.00

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Timothy S Powell

Mailing Address 7745 SW El Cerrito

City	State	Zip Code
Topeka	KS	66614

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Three digital displays showing the date 10/27/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '27' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : C918CC72-75A2-413B-A

Amount of Each Disbursement this Period

235.80

Full Name (Last, First, Middle Initial)

B. Tracey A Fraser

Mailing Address 2120 Nolan Trace St

City	State	Zip Code
Lessville	LA	71446

Purpose of Disbursement
Travel Reimbursement

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : BE0A5C0F-F698-4533-8

Amount of Each Disbursement this Period

423.18

Full Name (Last, First, Middle Initial)

C. Cleco Power, LLC

Mailing Address PO Box

City	State	Zip Code
Dallas	TX	75266

Purpose of Disbursement Utilities

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 566FA9E5-C15D-43B4-A

Amount of Each Disbursement this Period

2.45

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

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

661.43

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement	Utilities

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 9216AC00-9FC0-42F8-9

Amount of Each Disbursement this Period

Group	Yes (%)
People who have been in a relationship for more than 10 years	80.77
People who have been in a relationship for less than 10 years	78.77

Full Name (Last, First, Middle Initial)

B. Duke Energy

Mailing Address PO Box 70516

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement	
Utilities	

Candidate Name

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

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y
10 17 2014

Transaction ID : F15357F3-9C1F-4018-A

Amount of Each Disbursement this Period

136.44

Full Name (Last, First, Middle Initial)

C. Entergy Arkansas, Inc.

Mailing Address PO Box 8101

City	State	Zip Code
Baton Rouge	LA	70891

Purpose of Disbursement
Utilities

Candidate Name

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

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 77DC8C13-D137-4482-9

Amount of Each Disbursement this Period

32.64

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

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

249.85

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Entergy Arkansas, Inc.

Mailing Address PO Box 8101

City	State	Zip Code
Baton Rouge	LA	70891

Purpose of Disbursement	Utilities

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

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

Date of Disbursement

Transaction ID : 216AAFA0-7F3B-47F7-9

Amount of Each Disbursement this Period

33.36

Full Name (Last, First, Middle Initial)

B. Lus Fiber

Mailing Address P.O. Box 4030-C

City	State	Zip Code
Lafayette	LA	70502

Purpose of Disbursement	Utilities

Candidate Name	
1	1
2	2
3	3
4	4
5	5
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9	9
10	10
11	11
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97	97
98	98
99	99
100	100

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Date of Disbursement

Transaction ID : 151C7F97-6875-4EB4-A

Amount of Each Disbursement this Period

187.70

Full Name (Last, First, Middle Initial)

C. Lus Fiber

Mailing Address P.O. Box 4030-C

City	State	Zip Code
Lafayette	LA	70502

Purpose of Disbursement	Utilities

Candidate Name

Office Sought:	☐	House
	☐	Senate
	☐	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 0472C9D2-05DA-45B8-A

Amount of Each Disbursement this Period

98.53

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

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

319.59

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

NAME OF COMMITTEE (In Full)
Women Speak Out PAC

A. Time Warner Cable

Date of Disbursement

Transaction ID : 6364D882-A839-448E-8

001

Category/
Type

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

Amount of Each Disbursement this Period

337.42

Full Name (Last, First, Middle Initial)

B. Greg Letiecq

Mailing Address 9702 Dublin Drive

Date of Disbursement

M M / D D / Y Y Y Y
11 12 2014

City	State	Zip Code
Manassas	VA	20109

Transaction ID : 22576439-2520-45C4-B

Purpose of Disbursement Videography

001

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

5200.00

State: District:

Full Name (Last, First, Middle Initial)

C. Tracey A Fraser

Date of Disbursement

M M / D D / Y Y Y Y
10 27 2014

Mailing Address 2120 Nolan Trace St

City	State	Zip Code
Lessville	LA	71446

Transaction ID : 93989EFA-DF85-4452-B

Purpose of Disbursement	Wages
Wages	100
Salaries	100
Commissions	100
Retirement	100
Health Insurance	100
Life Insurance	100
Disability Insurance	100
Unemployment Insurance	100
Other	100
Total	1000

001

Candidate Name

Category/
Type

Office Sought:	☐	House
	☐	Senate
	☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

285.89

State: District:

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

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

5823.31

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1731 Frenchmen St			Amount 50.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 610a363f-1529-4843-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1731 Frenchmen St			Amount 0.30		
City New Orleans		State LA	Zip Code 70116		Transaction ID : c749eb9b-33d8-48e4-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1410 Bushville Dr		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ae4a1eb0-69d8-4cbe-b Date of Disbursement or Obligation 10 / 16 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1410 Bushville Dr		Amount 6.60	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8a541cf8-2451-410e-a Date of Disbursement or Obligation 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	0.00
(c) TOTAL Independent Expenditures..... ▶	26.60

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

Ms. Emily Buchanan

[Electronically Filed]

Date

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 607 N Hughes		Amount 35.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 14dd2509-58fd-4178-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 607 N Hughes		Amount 7.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : cef5c30f-6083-45a2-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 20.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2e15f74c-51d2-4e2a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 7.11	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : fa047353-04bd-474d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			27.11	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 20.00		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : ca84d1fa-c82c-4dbb-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1025 Cayley Ct			Amount 35.00		
City High Point	State NC	Zip Code 27260	Transaction ID : e45176a7-b390-4697-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 122 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1025 Cayley Ct		Amount 12.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 73d4dbc2-7f4d-4a5e-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 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Helen Celestine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 38346 Quinn Rd		Amount 34.50	
City Pearl River	State LA	Zip Code 70452	Transaction ID : 248d3dbd-8baf-4257-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 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 123 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Helen Celestine			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 38346 Quinn Rd			Amount 7.59	
City Pearl River	State LA	Zip Code 70452	Transaction ID : af1bda81-e5cb-481c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 22.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : aeb9107b-4e62-4561-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.09	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 3.45		
City Clemmons	State NC	Zip Code 27012	Transaction ID : d6962f3f-1170-45c2-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1090 McHone Rd			Amount 70.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c0a4c0b7-9031-48e1-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.45		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 50.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : 003ef4c4-62ad-4980-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jodi Fountain		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1010 S Dogwood Drive		Amount 12.00	
City Bogalusa	State LA	Zip Code 70427	Transaction ID : e38eaa8d-fb9a-42b5-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 126 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 55.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : ea1be0c9-44b7-4ad2-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 7.80	
City Charlotte	State NC	Zip Code 23215	Transaction ID : e7c9e2f2-804c-4aa0-8 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 127 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 105 South Dale St		Amount 80.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c3d90ebe-631a-4828-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 105 South Dale St		Amount 21.60		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 6838a87f-3929-40eb-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		101.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 105 South Dale St			Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 927c4129-3e8f-456b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1851 S Laura St			Amount 40.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 2a9710a8-4717-428d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1851 S Laura St		Amount 40.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 21b2eab5-4e86-4982-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1851 S Laura St		Amount 6.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 7f80fd84-83ab-403a-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 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 44 Bell St		Amount 22.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7bf0b3c5-0445-453e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 605 W Houston St		Amount 41.70	
City Marshall	State TX	Zip Code 75633	Transaction ID : 6b184722-1e01-481a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		91.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1410 Bushville Dr		Amount 65.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ddb86c5c-2d5e-4f1b-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather C York-Pray		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 6786 Candlewood Dr		Amount 20.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : fd458eb8-152c-4d62-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits above it:

- 11: M M
- 24: D D
- 2014: Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 133 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Heather C York-Pray		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 6786 Candlewood Dr		Amount 3.90	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 9091d0d3-9a0f-460f-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 40.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 3bca3e2e-0b2c-4fe5-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 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 134 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 24.30		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 6e069de3-5d5a-45db-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5c9e7051-2ac1-43f2-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.30		
(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 11 / 24 / 2014		
Signature					

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4fd9940d-057f-4ed1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 136 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 205 Medallion Circle			Amount 65.70		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 93b95492-b819-4916-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 907 Randall Drive			Amount 25.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 4896c12b-2058-4399-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 907 Randall Drive		Amount 12.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0ff34474-11d9-4a19-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael A Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 16864 Stillwell		Amount 60.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 677631b7-1b62-4e81-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 138 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 16864 Stillwell			Amount 37.50		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : d85b9a8e-5827-4a85-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 995 Clairborne Rd			Amount 50.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 4af19392-61c3-4f32-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 139 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 995 Clairborne Rd		Amount 21.00
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 55c5cded-9d0c-44aa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 2046 Perrin St Apt C		Amount 60.00
City Shreveport	State LA	Zip Code 71101
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9914d2e7-f826-4d86-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	81.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 140 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 50.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 74abd701-88e5-4f04-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 25.20	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0cd67b93-ae66-40f1-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			75.20	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 141 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 36f302d0-64d1-48a3-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 5.10	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7e794aeb-8df6-4559-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ 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.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 142 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 409 LaSalle Drive			Amount 50.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 5c61d6a5-d08d-4c59-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 409 LaSalle Drive			Amount 42.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : d5424cb4-4716-43b8-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 8822 Apple St		Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 7abfac84-9566-4253-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 144 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / MM / YYYYYY					
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / MM / YYYYYY 10 / 16 / 2014		
Mailing Address 8822 Apple St			Amount 12.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 60d6723f-1310-448c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / MM / YYYYYY 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / MM / YYYYYY 10 / 16 / 2014		
Mailing Address 8822 Apple St			Amount 12.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : acddc380-80da-4e7b-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / MM / YYYYYY 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 / MM / YYYYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 40.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : c43ac8b5-24c8-416b-8 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1691 Fork Mtn Rd			Amount 15.60		
City Bakersville	State NC	Zip Code 28705	Transaction ID : bc1f73eb-16f4-433f-9 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.60		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 146 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 924 N. Prieur St		Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 7641d16c-d2ac-4537-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 924 N. Prieur St		Amount 15.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 730f3921-23fd-4878-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 147 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia Stewart			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 3001 Pendell Lane			Amount 90.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : fa8ed6dd-bdfa-452e-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 3300 Asher Ave			Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 82918fa8-03bc-4fd6-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 3300 Asher Ave		Amount 33.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : b8964a48-4e3d-4eff-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 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 106 Hillside St		Amount 92.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : fd29a562-44bf-40d7-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		125.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 106 Hillside St		Amount 41.88	
City Spindale	State NC	Zip Code 28160	Transaction ID : 994d7efc-b0b4-416f-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 227 Lincoln Dr		Amount 40.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 1f5867b2-4219-47f5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.88
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 150 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 227 Lincoln Dr		Amount 7.53	
City Bossier City	State LA	Zip Code 71111	Transaction ID : f9b86128-2ad6-45b5-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 448 Judson Dr		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 44825a8b-9d20-4a03-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 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		47.53	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 7915 Curtina Ln		Amount 75.30	
City Lewisville	State NC	Zip Code 27023	Transaction ID : e52219c8-7094-4b5d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 9685 Paula St		Amount 65.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 1c9a9ef2-1cf0-439b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 152 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 9685 Paula St			Amount 18.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6889a267-3a09-495d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 75.30	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 99013969-dd48-4435-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 153 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 14.70	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 2ce7b216-bc66-4fa4-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tristan Hightower			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2490 W Cornerstone Pl			Amount 30.00	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : ebe7780c-fb96-404e-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee William T Horn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 5 Bergerac St		Amount 20.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : f175be94-7c18-4fc3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 155 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee William T Horn			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 5 Bergerac St			Amount 5.40		
City Little Rock		State AR	Zip Code 72211		Transaction ID : 957cf48e-517a-4aec-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1981 Cherokee St			Amount 54.00		
City Baton Rouge		State LA	Zip Code 70806		Transaction ID : a801bc2d-7c25-48f1-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			59.40		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 156 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1981 Cherokee St			Amount 21.90		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 7ac4ce8e-e73b-40db-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 40.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : bf59da05-cd51-49d0-9 Date of Disbursement or Obligation 10 / 16 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 157 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 915 East Market Ave			Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 39661185-5fc0-42c4-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 915 East Market Ave			Amount 42.90	
City Searcy	State AR	Zip Code 72149	Transaction ID : a98d831c-d465-4e69-9 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.90	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount / / / / 	
City Conway	State AR	Zip Code 72034	Transaction ID : 510a12b4-a4f6-4382-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		 / / / / 	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount / / / / 	
City Conway	State AR	Zip Code 72034	Transaction ID : 3bbd39b2-fbf3-473b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		 / / / / 	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

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

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 159 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 11 Cooper Lane		Amount 120.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 4f6a9483-b95d-4a74-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 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 11 Cooper Lane		Amount 10.23	
City Conway	State AR	Zip Code 72034	Transaction ID : 178633dc-4879-4b24-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		130.23	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 160 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 75.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 29e4e1a1-8c43-4fef-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 416 Vine Dr			Amount 70.00		
City Lawrence	State KS	Zip Code 66049	Transaction ID : 97cbd1c9-4e02-4884-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 80.00	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 133e880b-8b1b-4112-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1208 Braeburn Rd			Amount 7.80	
City Charlotte	State NC	Zip Code 28211	Transaction ID : bb078ed8-6c11-4aa9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address Split Oak Drive			Amount 40.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : 1258859f-35d5-421e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 163 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address Split Oak Drive			Amount 15.69	
City charlotte	State NC	Zip Code 28227	Transaction ID : c8cfe0da-ab8a-4df9-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 37.50	
City West Monro	State LA	Zip Code 71291	Transaction ID : d9bcf4b5-c2f0-4d75-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.19	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 164 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 9.81		
City West Monro	State LA	Zip Code 71291	Transaction ID : 3c1078cb-d0b0-418a-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 62.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : dfb8f5fa-fbe5-4c71-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.31		
(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 11 / 24 / 2014		
Signature					

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 165 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 17.10		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 83e144a9-fa37-4fc2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 1117 Clipper Dr			Amount 13.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : d48e7740-2f4c-4a5e-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 166 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1117 Clipper Dr		Amount 1.77	
City Slidell	State LA	Zip Code 70458	Transaction ID : 773e707c-b984-4fc1-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 450 Judson Dr		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 6f520010-e621-408e-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 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.77	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 167 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Adena V Smith			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 450 Judson Dr			Amount 3.90	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 5e520811-ef5b-4454-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 70.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 4fdf3293-e673-4369-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			73.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 204 W 9th St			Amount 15.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : d163bdd7-0c42-4b3b-8 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 204 W 9th St			Amount 2.70		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 2ce95f03-eb28-4eb3-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.70		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 90.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2eabb5e3-7f83-4691-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 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 19.44	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d5c70f1f-c375-4142-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		109.44	
(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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 170 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d979e74c-5f7d-454f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 110 W Pecan St		Amount 33.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9aead413-732c-4c0b-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 171 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 600 W Vine Ave			Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 37dc19cd-26d5-4a46-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 600 W Vine Ave			Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : d4daad56-d7c7-45fb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 308 West Main Street			Amount 60.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 0a4503c7-13d3-4517-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 308 West Main Street			Amount 7.80	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : ff3359a9-7314-4e3d-8 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 173 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 6412 Osage Dr			Amount 20.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : a2e7543c-c0c9-412e-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 6412 Osage Dr			Amount 1.53		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 8aee4d90-788f-4f2b-9
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 95.00	
City Concord	State NC	Zip Code 28205	Transaction ID : b6d62ade-05e3-4f03-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 16.80	
City Concord	State NC	Zip Code 28205	Transaction ID : 070b2350-526e-48d5-8 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.80	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 175 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 308 West Main Street			Amount 60.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 0b4631b0-2691-4367-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 308 West Main Street			Amount 23.79	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 6f20f926-6ba3-486c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.79	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 95.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 290e1e71-2d74-4386-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 16.80	
City Midland	State NC	Zip Code 28107	Transaction ID : 730c1174-2332-4551-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.80	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 177 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 121 Meadowview Drive			Amount 10.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 6f98ef2f-f4ce-47ab-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 121 Meadowview Drive			Amount 5.10	
City Boone	State NC	Zip Code 28607	Transaction ID : 67dd3363-7bba-4565-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 168 Emerald Hill		Amount 100.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : d7f91d90-446a-4b00-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1001 N Prospect		Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : dbfc4d32-cefb-4764-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 179 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1001 N Prospect			Amount 30.00		
City Liberal	State KS	Zip Code 67901	Transaction ID : 57f0ec25-c4ec-4a6f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 40.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2fd316e1-c1a3-4871-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 200 Carawood Lane		Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7d21773a-fbae-4cf6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 15.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 55e9c856-58fe-48ef-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 182 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 3.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : 6c435732-38ea-4c5e-9 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1057 Waldron Road			Amount 23.00		
City LaVergne	State TN	Zip Code 37086	Transaction ID : 7d1f0cb8-0c3b-472a-a Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		

[Electronically Filed]

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 4.20	
City Harvest	State AL	Zip Code 35749	Transaction ID : 7928a76d-9013-4181-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	24.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 184 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 20.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : da80539d-9b26-45c7-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 150.00	
City Conway	State AR	Zip Code 72032	Transaction ID : ba1079e9-1668-4ef3-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		170.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 7650 Fallswood Way		Amount 40.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 1b2f1246-329a-417b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 186 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1110 N Coolidge			Amount 105.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f6c15929-4c0d-43f6-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1110 N Coolidge			Amount 13.89	
City Gonzales	State LA	Zip Code 70737	Transaction ID : e42268bc-d73f-4fdc-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.89	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 13.89	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 68efb8a7-8b72-4fd2-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.89
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 188 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination 10 / 16 / 2014
Mailing Address 2183 Spokane Rd		Amount 60.00
City Fayetteville	State NC	Zip Code 28304
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f55fe5df-9ea2-447e-b Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination 10 / 16 / 2014
Mailing Address 2183 Spokane Rd		Amount 7.50
City Fayetteville	State NC	Zip Code 28304
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 5475c53e-4973-459d-a Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 189 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 80.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 4a861382-1074-4f2b-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 18.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 9caf1d29-5f37-4cab-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		98.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 190 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 A Toomey			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 50.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : f0072be0-917b-46da-9 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.80		
City Monroe	State LA	Zip Code 71212	Transaction ID : 4e8cc43f-3f78-4093-8 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 191 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 915 East Market Ave			Amount 55.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 7d086746-996f-4a92-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 915 East Market Ave			Amount 44.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 6486f81e-c414-461c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 192 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 80.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a9cd29e5-fd94-4195-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 11.40	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ece5837d-c124-4f84-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			91.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Eric Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 80.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 9073aa8e-aeec-4269-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 194 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eric Resinos		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 66.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 1056049d-3a3c-424e-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 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 90.00	
City Alma	State AR	Zip Code 72921	Transaction ID : 357e65ac-c9d1-4f31-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		156.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 5828 Rena Road		Amount 32.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 054f271c-e787-4129-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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

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

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'M M' and value '11'. The second register has address 'D D' and value '24'. The third register has address 'Y Y Y Y' and value '2014'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 196 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 5828 Rena Road			Amount 17.10		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : 88164612-3455-451b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 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			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 40.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 17bd4416-85d2-4411-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 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 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 197 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 21.60		
City College Grove		State TN	Zip Code 37046		Transaction ID : e36751b8-b665-475b-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 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 101 Asbury Ct			Amount 85.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 420f7386-591b-45e8-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2025 NE 67th St		Amount 35.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 9a54682d-66a9-4e69-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 199 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2025 NE 67th St			Amount 6.00		
City Gladstone		State MO	Zip Code 64118		Transaction ID : 1347cb3a-76f9-418e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address P.O. Box 712			Amount 90.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : a929f8c0-8e2e-4c29-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1900 Glen West Way		Amount 95.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : eed50509-cfb7-499b-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		129.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 7650 Fallswood Way		Amount 40.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 1432bd79-c0b6-472d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 50.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 3c169e29-ff23-4c69-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 18065 Wayne Rd		Amount 85.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : ccf22fa5-fcb7-4a25-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 203 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 85.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : f932666d-b6f6-4c45-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 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 41.04	
City Elgin	State SC	Zip Code 29045	Transaction ID : 745a350d-ceee-431f-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		126.04	
(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		Date 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 204 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 90.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 94d69e14-62ed-447f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 20.64		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e2eb857c-bfb0-420a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.64		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 205 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 16 / 2014
Mailing Address 314 S Main St		Amount 77.50
City Roxboro	State NC	Zip Code 27573
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d6b45b86-82f1-4d7a-8 Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 16 / 2014
Mailing Address 314 S Main St		Amount 25.32
City Roxboro	State NC	Zip Code 27573
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 69d579f4-4424-4855-8 Date of Disbursement or Obligation 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	102.82
(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

11 / 24 / 2014

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 3bc67eac-66ec-404b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 70.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 98cf025e-b131-47d5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 208 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 20.70	
City New Orleans	State LA	Zip Code 70131	Transaction ID : ddad1603-61eb-40e4-9 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 300 Evangeline St			Amount 65.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 3dc7ac5c-3d38-4f96-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1510 Bailey St		Amount 45.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 82568de1-8bef-4686-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

Signature

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 9440703d-7979-4668-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 543 S 2nd St		Amount 8.40	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3370c29a-275e-4e17-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 48.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c05631ef-aa28-44b8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	128.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 212 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d8dffe74-7c8a-4cc1-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 100 ASBURY CT		Amount 75.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 33a3ac4d-ea62-424e-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0745087b-0bd1-4387-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 214 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 50bf6181-9a45-4910-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 9b198003-2772-4320-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 215 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 8575c0ab-9983-4e40-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.70		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 69608ac4-119a-487b-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.70		
(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 11 / 24 / 2014	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1103 West Wilson Street		Amount 65.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e8598aad-6adb-460a-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		170.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 217 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1103 West Wilson Street		Amount 19.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 68926981-d9dd-4928-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 7 Bards Lane		Amount 60.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 4a049901-4389-4da4-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		79.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 218 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 7 Bards Lane			Amount 13.80		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 0ac1a1c1-cdc6-4d66-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tabitha J Barnett			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1001 N Prospect			Amount 30.00		
City Liberal	State KS	Zip Code 67901	Transaction ID : 4e90ed46-bd35-4d95-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.80		
(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 11 / 24 / 2014	

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : baf8217d-f4b0-49bf-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 220 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 17.73		
City Searcy	State AR	Zip Code 72149	Transaction ID : badc2613-23ce-4b78-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor ☐ Support ☒ Oppose		
Name of Federal Candidate Mr. Mark L Pryor ☐ Support ☒ Oppose			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 9685 Paula St			Amount 75.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 93a60bfb-fd67-4ba5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.73		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014					

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 60.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 42be6afa-74cb-4048-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 222 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 14.70	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 52db9ea1-6ebd-4eed-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 10 / 16 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 35.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 37a192fd-706d-4674-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 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 503 N Cedar St		Amount 45.00	
City Meade	State KS	Zip Code 67864	Transaction ID : 7134e06e-4f99-41a4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 2517 N 47th St		Amount 15.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : fd9cb576-0149-45b2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 225 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 202 East Park Ave Apt 40		Amount 37.50
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 37.50
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 226 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 24.75	
City Searcy	State AR	Zip Code 72143	Transaction ID : a03f25be-c56d-40af-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 41131.23	
City Washington	State DC	Zip Code 20015	Transaction ID : 06e33463-b125-4d1b-9
Purpose of Expenditure Radio		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41155.98	
(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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 227 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 121 Ohara Dr			Amount 90.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 6449a010-f0e9-4aa2-9 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 121 Ohara Dr			Amount 94.20	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 3fe238ad-5536-4cfe-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			184.20	
(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 11 / 24 / 2014

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount Amount 15.60	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 80872851-f600-4db1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 229 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 10665.46	
City Washington	State DC	Zip Code 20015	Transaction ID : feee4a9e-7f05-4414-a
Purpose of Expenditure Doorhangers		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 63ca5d03-cc35-4f4a-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 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		10745.46	
(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		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 230 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 6f01bc01-c145-49b3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 10.80	
City Morganton	State NC	Zip Code 28655	Transaction ID : 858e6ca3-cb6c-4019-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.80	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 231 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 3315 Cardinal Ridge Rd			Amount 35.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : a2e2cde0-d094-41d3-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 3315 Cardinal Ridge Rd			Amount 3.90	
City Greensboro	State NC	Zip Code 27410	Transaction ID : d624775f-02e1-476b-8 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 232 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 27.50		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : d22632e4-2917-45b0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 6.15		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 4d5f676f-527c-4074-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2565 Shire Circle			Amount 40.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 49378f36-07b6-48bf-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1700 E Part Ave			Amount 41.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 158f2c4a-d189-4191-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 234 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 1700 E Part Ave			Amount 24.33	
City Searcy	State AR	Zip Code 72149	Transaction ID : a102caff-88c4-463c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 27.50	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 9b261704-5f2a-45bf-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			51.83	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 235 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2121 Daniel Dr			Amount 105.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1221e42f-ad7b-4080-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 2121 Daniel Dr			Amount 51.96	
City Searcy	State AR	Zip Code 72143	Transaction ID : 539602aa-d02b-48d2-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 16 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 236 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 211 Dixie Ave		Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b00fb234-f213-41dc-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 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 35.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ac3b610b-d0f0-4762-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Regina R Mouton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 5827 Brighton Pl		Amount 15.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 43030e01-b604-4229-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 238 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 5827 Brighton Pl			Amount 1.20		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 6b58f67c-ce11-4b8e-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eric Wilson			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 907 Randall Drive			Amount 15.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : dac4ac57-ad3c-46d3-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 239 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 907 Randall Drive		Amount 7.50
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☐ District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 915 East Market Ave		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: ☐ House ☒ Senate ☐ President ☐ District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 240 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 915 East Market Ave		Amount 20.70	
City Searcy	State AR	Zip Code 72149	Transaction ID : 364a6d09-7998-4e4d-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		286951.71	

Full Name of Payee Timothy D Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 27ec3449-cd29-4214-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		1095839.94	

(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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 241 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / MM / YYYY				
Full Name of Payee Timothy D Heitman			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 0.60	
City Lexington	State NC	Zip Code 27295	Transaction ID : f9b8ee21-4ae7-47eb-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 101 Durham Drive			Amount 25.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 52d74b00-3767-4d24-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 242 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 101 Durham Drive		Amount 6.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 8356b448-b6c5-4953-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 57.50	
City New Bern	State NC	Zip Code 28560	Transaction ID : 05c84348-43d0-4528-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 243 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 12.66		
City New Bern	State NC	Zip Code 28560	Transaction ID : 5bf3ef72-4f53-4bed-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rebecca A Robertson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Mailing Address 403 S Prescott St			Amount 25.00		
City Wichita	State KS	Zip Code 67209	Transaction ID : 7710ff96-139e-41dd-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014					

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 44f3d65f-93ae-4528-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Vanessa E Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 12.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 398711a7-8f58-46d4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 211 Dixie Ave		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : e62f2d2c-f149-4eec-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1057 Waldron Road		Amount 19.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 3ee18443-8e79-4d5d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1903 Swan Dr		Amount 85.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 15c76c01-e421-480f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 248 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1903 Swan Dr			Amount 3.60		
City Lenoir	State NC	Zip Code 28645	Transaction ID : a0517b9a-f660-4856-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1434 South Avenue			Amount 100.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 33c89158-3992-43cc-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(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 11 / 24 / 2014	

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 1a3726a3-e926-4528-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....		40.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 7.80	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : c60ee610-3622-41c9-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 416 Vine Dr		Amount 45.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 28d364fb-0a78-4297-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 251 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 416 Vine Dr			Amount 7.59		
City Lawrence	State KS	Zip Code 66049	Transaction ID : c09b534e-57bc-4ead-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2517 N 47th St			Amount 45.00		
City Milwaukee	State WI	Zip Code 53210	Transaction ID : b65ae120-08e6-497e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.59		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2565 Shire Circle		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b35efedb-32ad-4ee9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 37.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 6ac428d2-e7ce-476c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 253 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6424 Purple Martin Ct			Amount 13.62		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 2e6dc794-0e8f-4e92-b Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 19.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 2607286c-59fc-4280-b Date of Disbursement or Obligation 10 / 17 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 254 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 7.62	
City Searcy	State AR	Zip Code 72149	Transaction ID : e8629f70-d96d-42dd-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address PO Box 398		Amount 45.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : dad1ba75-507b-4a52-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		52.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 255 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address PO Box 398			Amount 22.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : c2aa8769-4f27-4a8a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3654 Tara St			Amount 45.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 90bebe6a-5798-439c-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 256 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 3654 Tara St			Amount 18.60	
City springdale	State AR	Zip Code 72762	Transaction ID : f4cf1d2c-e93f-4771-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 85.00	
City Midland	State NC	Zip Code 28107	Transaction ID : d6ca9a78-f1fb-44db-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			103.60	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 257 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 19.50		
City Midland	State NC	Zip Code 28107	Transaction ID : eef79864-f185-4040-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 85.00		
City Concord	State NC	Zip Code 28205	Transaction ID : c1966aad-45ed-4f4d-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 258 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 19.50		
City Concord		State NC	Zip Code 28205		Transaction ID : 63a95c7a-d7cb-40c6-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address PO Box 37			Amount 35.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 628e92e5-d819-4768-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 259 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address PO Box 37			Amount 14.70	
City East Bend	State NC	Zip Code 27018	Transaction ID : e002f5ed-a026-4d7a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address PO Box 37			Amount 35.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : f4dedd77-f7bb-4eca-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			49.70	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 260 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 20.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 53fd149e-e8a1-49ce-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 3.12	
City Cary	State NC	Zip Code 27519	Transaction ID : 41814f69-f670-4a3e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.12	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0c582302-c73a-4269-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 7915 Curtina Ln		Amount 67.30	
City Lewisville	State NC	Zip Code 27023	Transaction ID : ad05c7a9-eb38-4e4c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1900 Glen West Way		Amount 80.70	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f912ccac-3f31-4dd8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	175.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 80.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 03ca1504-aa5c-490e-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 44.70		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8a58cfd2-5c57-4445-a Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.70		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 265 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 314 S Main St			Amount 75.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : ea8d7d7e-7e35-4d19-8 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 314 S Main St			Amount 30.72	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 6a8641da-911f-4843-8 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.72	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 266 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 55.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 19178373-f7bc-494c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 17.04	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6118a9ec-df39-4947-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.04	
(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 11 / 24 / 2014

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 90.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 9c172160-c91c-4de6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 33.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : bd921bc9-b453-432a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 268 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 65.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : b7a7c05a-a9b9-4f1c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 12.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 36bed19c-4b19-42a5-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			77.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 1700 E Part Ave			Amount 22.47		
City	State	Zip Code	Transaction ID : 7c97012a-de23-4f08-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR					
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			
		286951.71			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.47
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 270 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 65.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0cafee72-d7a8-4a1b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 33.60	
City Picayune	State MS	Zip Code 39466	Transaction ID : d9858e71-68f4-40c8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			98.60	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 271 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address Split Oak Drive			Amount 45.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : a995cfa7-fb25-4d88-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address Split Oak Drive			Amount 16.23	
City charlotte	State NC	Zip Code 28227	Transaction ID : a2bb1ce5-18ba-4862-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.23	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 272 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 5003 Allison Lane			Amount 100.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 70d40b03-058a-4393-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 5003 Allison Lane			Amount 0.30		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 94bbbbd2-773b-473d-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 273 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Avery Rodriguez			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 11 Cooper Lane			Amount 94.00		
City Conway		State AR	Zip Code 72034		Transaction ID : d122294d-a5fe-4719-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Avery Rodriguez			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 11 Cooper Lane			Amount 8.58		
City Conway		State AR	Zip Code 72034		Transaction ID : a68a32be-643d-437e-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.58		
(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.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 274 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 9425 Jessica Drive		Amount 30.00
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f2e4a7c7-f791-48b3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 9425 Jessica Drive		Amount 11.40
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : f1bb1d9a-a862-4861-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2025 NE 67th St		Amount 40.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 68b5131c-13ea-4a4b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2025 NE 67th St		Amount 20.46	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 4248ff31-6843-4a4e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.46
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 276 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : f4fb3a90-0cb0-42be-b Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 3.90	
City Slidell	State LA	Zip Code 70461	Transaction ID : 00daa6bd-d061-43f7-9 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.90	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 17.40	
City West Monro	State LA	Zip Code 71291	Transaction ID : 49b5757f-531c-4cdb-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 278 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 286 Wrenn Drive			Amount 25.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : 86eeeee2-502e-4ab9-9 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 286 Wrenn Drive			Amount 4.20	
City Lexington	State NC	Zip Code 27292	Transaction ID : 3a288ce2-98e5-4bc1-b Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 279 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 25.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 5836fa27-c1fe-4798-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 9.90	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 37ce2b9d-ca38-49c5-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 280 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 409 LaSalle Drive		Amount 50.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : b84085cc-96c6-47fa-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 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 409 LaSalle Drive		Amount 42.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 2a6499c6-2106-4112-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 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		92.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 915 East Market Ave			Amount 50.40		
City	State	Zip Code	Transaction ID : c8908471-9668-4c15-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		286951.71	District: <u>00</u> State: <u>AR</u> Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 282 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 204 W 9th St		Amount 17.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 29e7813f-b36b-4326-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 204 W 9th St		Amount 2.10	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : d5c605e5-14b1-4cef-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 283 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 65.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 3411b6b7-5e41-4c13-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 12.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 7a305c6d-0047-4eb5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 14.40	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5dd437a1-87a4-47bd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 285 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination 10 / 17 / 2014
Mailing Address 905 Lake Drive		Amount 90.00
City Shelby	State NC	Zip Code 28152
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : efa17be9-8e47-49b7-b Date of Disbursement or Obligation 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination 10 / 17 / 2014
Mailing Address 905 Lake Drive		Amount 20.55
City Shelby	State NC	Zip Code 28152
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : fc598acf-1f6d-482f-a Date of Disbursement or Obligation 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	110.55
(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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 286 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 26.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 1b5946f5-566f-4426-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 12.99		
City Conway	State AR	Zip Code 72034	Transaction ID : f7e79355-ee48-4b28-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.99		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1110 N Coolidge		Amount 105.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 344984d2-d7f1-4842-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....		155.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1110 N Coolidge		Amount 17.28	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5ca39f27-d593-442e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.68
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 289 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 105.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : daa8d234-f390-4179-b Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 17.28		
City Gonzales	State LA	Zip Code 70737	Transaction ID : c9f1f0a5-7ebf-452b-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 10 17 2014	
Mailing Address 5330 Nestleway Dr			Amount 30.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : c07c2604-6829-41be-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 10 17 2014	
Mailing Address 5330 Nestleway Dr			Amount 3.75	
City Clemmons	State NC	Zip Code 27012	Transaction ID : fc641e0a-4804-470e-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33.75
(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

 MM / DD / YYYY

11

24

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 291 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3300 Asher Ave		Amount 70.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 7a3abe0c-301a-44c7-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 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 3300 Asher Ave		Amount 36.90	
City Little Rock	State AR	Zip Code 72204	Transaction ID : bfb2652e-60d4-4c9c-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		106.90	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 112 apache Dr			Amount Amount 11.70		
City	State	Zip Code	Transaction ID : 197896ff-f02b-4e16-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		286951.71	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 293 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6610 Walcott Rd			Amount 45.00		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 6722fcce-3cc0-425f-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6610 Walcott Rd			Amount 11.70		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 25dc7061-6afc-4d78-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.70		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 294 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 600 W Vine Ave			Amount 75.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6ea720f4-fdd9-409c-b Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 600 W Vine Ave			Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8716c0e9-5d90-4504-a Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 9685 Paula St		Amount 31.20	
City Keithville	State LA	Zip Code 71047	Transaction ID : 36599d4b-7215-4c20-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 28.50	
City Conway	State AR	Zip Code 72034	Transaction ID : 313513ba-4301-4381-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1503 1364 1509"> <tr><td>98.50</td></tr> </table>	98.50
98.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1509 1364 1514"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1514 1364 1522"> <tr><td></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1117 Clipper Dr		Amount 0.78	
City Slidell	State LA	Zip Code 70458	Transaction ID : 65ffeffd-6268-4c4c-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3.78
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : bb74c944-ac7c-4a43-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 299 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.99	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 800ccb4e-1dc2-4391-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2319 West Oak		Amount 30.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 462001f1-cf85-4a58-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		30.99	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 300 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2319 West Oak		Amount 3.06	
City El Dorado	State AR	Zip Code 71730	Transaction ID : e9cb1709-d771-4f48-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 80.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a95534b3-bf56-4868-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	83.06
(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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 301 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 10.20	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ab1539c9-a22c-4828-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 01b8f1d0-5f55-411f-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.20	
(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 11 / 24 / 2014

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 488 Broadwell Dr		Amount 30.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : e6499b9f-7d3b-4dc5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		

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

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 303 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y 10 17 2014					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 17 2014		
Mailing Address 227 Lincoln Dr			Amount 50.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 683308e9-0f3b-4133-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 10 17 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 17 2014		
Mailing Address 227 Lincoln Dr			Amount 28.65		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 73720eaf-0761-4f22-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 17 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 24 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 304 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 4218 Eagle Lake Ct			Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : f2bd8d51-6e32-4978-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 4218 Eagle Lake Ct			Amount 1.80	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 69b05885-6dc4-471c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			16.80	
(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 11 / 24 / 2014

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 300 Evangeline St			Amount 6.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : e08d6559-b0e6-4a3c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 4310 N Mission Rd			Amount 30.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 00be2f67-5ace-4cc6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 256632.98		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 4310 N Mission Rd			Amount 6.00		
City Bel Aire	State KS	Zip Code 67226	Transaction ID : fae0bd11-9a91-42db-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 256632.98		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS 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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1851 S Laura St		Amount 4.20	
City Wichita	State KS	Zip Code 67211	Transaction ID : 92a983ca-f415-492d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 17 2014	
Mailing Address 9513 Beverly Dr		Amount 35.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 64613fca-ca90-417e-a Date of Disbursement or Obligation MM / DD / YYYY 10 17 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
256632.98			

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 17 2014	
Mailing Address 9513 Beverly Dr		Amount 4.80	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3465a268-1e51-4724-a Date of Disbursement or Obligation MM / DD / YYYY 10 17 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
256632.98			

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

11

24

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 309 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1851 S Laura St		Amount 50.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 8bf296e7-9c0e-4931-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 40.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 2849c342-50d8-4736-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 310 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 24.90		
City Searcy		State AR	Zip Code 72149		Transaction ID : f107954f-5337-4f2e-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia Stewart			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3001 Pendell Lane			Amount 90.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : cbc39814-2d45-46f2-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			114.90		
(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 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 17.04	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : b43b69ea-c733-4d4a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.04
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 9513 Beverly Dr			Amount 4.80		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 0a4b9318-9ef1-4cd0-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 3007 Darden Rd		Amount 67.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : f18f1ca0-f6ea-48d1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3007 Darden Rd			Amount 18.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 762b6d62-5b81-4637-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 3007 Darden Rd			Amount 67.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b8fbbe10-c07e-4f72-a Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 65.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 01bb5297-a505-42b1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 6412 Osage Dr			Amount 75.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : c39a1019-3cab-4b19-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 316 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 6412 Osage Dr			Amount 6.09	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 17f1163c-6e52-4003-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 157 Bishop Drive			Amount 50.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : d56db5f5-e5a3-4c35-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.09	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 317 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 40.30	
City Oak Creek		State WI	Zip Code 53154	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 00ccfacc-f0bc-4658-9 Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 157 Bishop Drive			Amount 50.00	
City Avondale		State LA	Zip Code 70064	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 81c45a6d-8272-449a-b Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 318 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.50	
City Avondale	State LA	Zip Code 70064	Transaction ID : eb3e699f-6058-4422-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 17 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : da7201a1-8e8d-4d0b-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 319 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 915 East Market Ave Apt 4		Amount 39.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 1001 N Prospect		Amount 25.00
City Liberal	State KS	Zip Code 67901
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 321 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 9685 Paula St			Amount 31.20		
City Keithville		State LA	Zip Code 71047		Transaction ID : 1cf9e249-b3a6-41a2-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee April E Madrid			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2153 Sweet Bay Circle			Amount 32.50		
City Bossier City		State LA	Zip Code 71111		Transaction ID : a07d6448-caec-49f4-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : bfb86761-703b-4818-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 323 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 605 W Houston St			Amount 45.60		
City Marshall		State TX	Zip Code 75633		Transaction ID : 2a7ff4cf-03c1-47ed-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 45.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : a99f6f09-d586-40d5-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 324 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 5.70		
City Monroe	State LA	Zip Code 71212	Transaction ID : 2793af9e-8166-4de9-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 0cd31c2d-61e9-494c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 325 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 2506 Bolch Street			Amount 42.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : b85fb54d-f88a-4055-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address P.O. Box 712			Amount 60.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : d15a1614-c4c0-473f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

Full Name of Payee Miranda A Resinos		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 85.00	
City Alma	State AR	Zip Code 72921	Transaction ID : a1fd53ec-0e33-4c50-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Eric Resinos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1430 Sunnyside Rd		Amount 90.00	
City Alma	State AR	Zip Code 72921	Transaction ID : b201374c-9b3b-4476-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 50.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 3e9edfbc-2a66-499e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 40.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 77999a3f-cbe2-44f7-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 330 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 4691 Hercules Lane		Amount 100.00
City Woodbridge	State VA	Zip Code 22193
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : dc837f38-2479-409e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014
Mailing Address 2320 Saint Nick Dr		Amount 60.00
City New Orleans	State LA	Zip Code 70131
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0cb536f2-d985-42ed-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 331 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2320 Saint Nick Dr			Amount 21.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : bdf45c79-6338-4112-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 45.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 98652b04-6958-4931-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			66.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 332 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 37.20		
City Conway	State AR	Zip Code 72032	Transaction ID : 429a1b63-b9bf-4e12-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 437 Roberson Creek Rd			Amount 70.00		
City Pittsboro	State NC	Zip Code 27312	Transaction ID : b541ee88-db1f-48f5-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			107.20		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 333 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 27.90	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 090197fc-9cdf-47f2-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 200 Carawood Lane		Amount 23.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : d7c8b17b-6438-4653-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 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		51.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 200 Carawood Lane			Amount 12.60		
City Lexington	State NC	Zip Code 27295	Transaction ID : 3f04e6e3-90ac-4888-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 915 E Market Ave			Amount 30.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 5fa1d953-63ae-4d3d-b Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.60		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 335 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 915 E Market Ave			Amount 14.10		
City Searcy		State AR	Zip Code 72149		Transaction ID : bdef8f53-af0e-40f4-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 70.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : 36c96e07-3347-42dd-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.10		
(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 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 2183 Spokane Rd		Amount 7.50	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 86a1afb2-a065-4075-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 17 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	

(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.

Date _____

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 337 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Shanon Snyder			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2701 Winifred			Amount 20.00	
City Metairie	State LA	Zip Code 70003	Transaction ID : 9512ac0b-6beb-42c1-8 Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Shanon Snyder			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 2701 Winifred			Amount 0.75	
City Metairie	State LA	Zip Code 70003	Transaction ID : 107a2fde-5f03-4964-a Date of Disbursement or Obligation 10 / 17 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.75	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 503 N Cedar St		Amount 27.00	
City Meade	State KS	Zip Code 67864	Transaction ID : a7b52b70-f240-4652-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 339 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 10 / 17 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 7959967f-a83f-443b-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 10 / 17 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 9.90		
City New Orleans		State LA	Zip Code 70126		Transaction ID : e160507e-330e-48ad-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 17 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 89.90		
(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 / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 20.10	
City Charolette	State NC	Zip Code 28215	Transaction ID : 6623717d-916e-499d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 341 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2121 Daniel Dr			Amount 95.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : ff2d056-4589-44e1-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 2121 Daniel Dr			Amount 37.74		
City Searcy	State AR	Zip Code 72143	Transaction ID : fda8ea86-6b3c-48bf-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.74		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 342 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 05eb604b-51de-4d5f-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 13.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 3518e71f-411f-4c40-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 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		93.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 343 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Elizabeth M Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 1223 Silver Sage Dr Apt 303		Amount 3.96	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 51be3767-9a6e-4cb9-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: NC		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 100 ASBURY CT		Amount 80.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 9b858351-76a3-44f5-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: KS		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 256632.98			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 42d59029-4689-4bec-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 345 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination / / 10 / 17 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : da2af32b-0814-4eb7-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination / / 10 / 17 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 1d374d7c-64e2-4d2e-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date / / 11 / 24 / 2014

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 448 Judson Dr		Amount 3.30	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 71145e0e-b5cc-471d-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 347 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 44 Bell St		Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 66d013fc-9580-4088-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 44 Bell St		Amount 25.20		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b09c56b7-8604-4fa7-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		85.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014		
		[Electronically Filed]		

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 67.30	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 7d4fb6cb-9fa7-41db-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 26.10	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 3d087bbf-a80a-4d93-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 349 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 456c7b49-8f11-496a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 25.50	
City College Grove	State TN	Zip Code 37046	Transaction ID : 6c68f7e3-b4c4-42a2-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 17 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			75.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 5521 Randolph St.		Amount 25.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : db0659a4-1db9-4c0b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 351 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination / / 10 / 17 / 2014		
Mailing Address 5521 Randolph St.			Amount 2.40		
City Marrero	State LA	Zip Code 70072	Transaction ID : 31266208-2cec-4519-a Date of Disbursement or Obligation / / 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination / / 10 / 17 / 2014		
Mailing Address 506 N Horton Street			Amount 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : caefa5b9-343c-41b7-a Date of Disbursement or Obligation / / 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 52.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 352 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 506 N Horton Street			Amount 21.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : b2d76b17-e83e-4fd9-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Tatro			Date of Public Distribution/Dissemination 10 / 17 / 2014		
Mailing Address 1208 Braeburn Rd			Amount 60.00		
City Charlotte	State NC	Zip Code 28211	Transaction ID : 6946ec01-b9dc-4c72-8 Date of Disbursement or Obligation 10 / 17 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.60		
(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 11 / 24 / 2014	

Full Name of Payee James Tatro		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1208 Braeburn Rd		Amount 6.30	
City Charlotte	State NC	Zip Code 28211	Transaction ID : 31cff705-6026-463d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 50.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0969dcb2-3aa3-4c36-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 354 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 28.80		
City Picayune		State MS	Zip Code 39466		Transaction ID : 4b59ecaf-e967-49da-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 121 Meadowview Drive			Amount 30.00		
City Boone		State NC	Zip Code 28607		Transaction ID : a4623c20-58cf-4a9f-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 355 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 121 Meadowview Drive			Amount 11.40		
City Boone	State NC	Zip Code 28607	Transaction ID : 50b7a6bb-766f-4f19-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 301 N Clinic Apt 3			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7a964f2f-98c7-4923-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.40		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 356 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lindsey E Helms			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 301 N Clinic Apt 3			Amount 43.80	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1c575fcd-c2a4-45cc-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address PO Box 37			Amount 10.00	
City East Bend	State NC	Zip Code 27018	Transaction ID : d92e0017-db0c-43be-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			53.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 357 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1903 Swan Dr			Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e23b6710-f897-4948-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1903 Swan Dr			Amount 2.10	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 6579c8b9-2fc5-4fc8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.10	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 3815 Robin Road		Amount 18.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 9adabcb9-3aaf-4c31-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 3815 Robin Road		Amount 18.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : d20b6231-5e4a-4c9d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 359 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3815 Robin Road			Amount 9.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : cbd3b54f-ed12-4861-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1905 Franklin Ave			Amount 40.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : d61313e3-9908-48f3-8 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 360 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John K Necaise III			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1905 Franklin Ave			Amount 9.99	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 6179316c-6f34-469f-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Quentin C Pool			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 4091 E Horne Ave			Amount 25.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : 391b741f-eccd-42d5-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.99	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 361 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Quentin C Pool			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 4091 E Horne Ave			Amount 9.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : be9a7357-da4e-40f8-a Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 2319 West Oak			Amount 50.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : d51453b3-81be-48b2-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 11 / 24 / 2014		

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 488 Broadwell Dr		Amount 50.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : 5816684f-fd0e-47b1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 488 Broadwell Dr			Amount 18.60		
City Nashville	State TN	Zip Code 37220	Transaction ID : c742f6e0-6f41-460c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2517 N 47th St		Amount 30.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 5581367a-f932-48d5-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 50.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 30cc75ec-424d-4567-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 364 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1510 Bailey St		Amount 35.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : c4ad37fe-7d3a-4069-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 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 502 N Oak St		Amount 42.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : b0b431a2-ef19-462a-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		77.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 365 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 502 N Oak St			Amount 11.10		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 1b7d4ec0-7849-4fe8-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 80.00		
City Spring Lake		State NC	Zip Code 28390		Transaction ID : e613046c-16bb-4317-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : b973ef32-d7e5-4dc7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 995 Clairborne Rd		Amount 37.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : b7a2ecad-4e52-4410-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 995 Clairborne Rd		Amount 21.30	
City Calhoun	State LA	Zip Code 71225	Transaction ID : ddb70c2b-44f8-43dc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 16864 Stillwell			Amount 16.50		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 049864fc-34ec-47c2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 4310 N Mission Rd		Amount 10.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 0d932798-db4b-4ab4-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 4310 N Mission Rd		Amount 1.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 2137da9b-6c78-42ff-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	11.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 24 / 2014

Signature

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2565 Shire Circle		Amount 50.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : fcfc22b6-0068-4c5d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 80.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 9446fa92-6175-4b68-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 503 N Cedar St		Amount 30.00	
City Meade	State KS	Zip Code 67864	Transaction ID : a4099c26-e8b9-4477-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 372 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 40.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : cd092466-314b-499d-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 1.80		
City Raleigh	State NC	Zip Code 27610	Transaction ID : bc5051e5-e421-448e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ 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

 MM / DD / YYYY
 11 / 24 / 2014

Signature

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9685 Paula St		Amount 12.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : cde27bc3-fb18-46ef-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	37.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 374 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 60.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 9adb1846-b418-4190-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 19.29	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 84a0d051-3d13-4159-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.29	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 375 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 8822 Apple St		Amount 60.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 8b4e1763-9288-48c1-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 8822 Apple St		Amount 15.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 0e73d288-d258-4af7-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 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 376 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 924 N. Prieur St			Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 486d4ce3-39a0-4f33-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d75994ec-eca2-4a7f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 402A N 10th St		Amount 39.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : f8b2ed78-1c28-4e78-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 378 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 510 Haymaker Hall		Amount 20.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 869c4c20-fd4b-4f80-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 510 Haymaker Hall		Amount 39.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 35b26ae0-021b-4446-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 379 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : a8c2754a-8155-49ab-9
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 86c58ee2-11d7-4d5e-8
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			161.10		
(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 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 380 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 093991ee-94e4-4adc-9
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 016e46c2-0f1e-45fb-b
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			161.10		
(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 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 381 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Paramount			Date of Public Distribution/Dissemination / /		
Mailing Address 525-K East Market Street 114			Amount 80.55		
City Leesburg		State VA	Zip Code 20176		Transaction ID : 629ac7df-f724-46b2-8
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate Mr. Mark E Udall			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 25437.15			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Paramount			Date of Public Distribution/Dissemination / /		
Mailing Address 525-K East Market Street 114			Amount 406.86		
City Leesburg		State VA	Zip Code 20176		Transaction ID : b7174380-f64c-43b1-a
Purpose of Expenditure Blast Emails		Category/ Type 004		Date of Disbursement or Obligation / /	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			487.41		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 382 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 126 Lincoln Way Lot 1			Amount 46.70	
City Longview	State TX	Zip Code 75603	Transaction ID : deeab002-71e6-48cb-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 126 Lincoln Way Lot 1			Amount 39.00	
City Longview	State TX	Zip Code 75603	Transaction ID : 7eb01b18-db3e-4d86-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014
Signature				

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 100.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 88afcc17-c56c-4b74-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 34.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : 2141f076-0b4b-4ee0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1900 Glen West Way		Amount Amount 57.60	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 2c14b3bb-a9d5-44f4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Amount 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	152.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 385 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : df0b7252-ec6-4fa9-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 4967 Dysartville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 587a3f9d-7998-47de-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 18 / 2014		
Mailing Address 3405 German Shepherd Trail			Amount 25.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : dc3f301d-44e7-40ec-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
District: <u>00</u> State: <u>NC</u>					
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 387 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 3405 German Shepherd Trail		Amount 4.86		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : c83889c6-4d72-450d-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 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 1410 Bushville Dr		Amount 25.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : cf89dc8f-aff1-44c9-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		29.86		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 388 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1410 Bushville Dr		Amount 6.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 88aabc9a-6396-4b4c-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 70.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : c3c62937-d50e-415e-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		76.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 389 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 11.10		
City West Monro		State LA	Zip Code 71291		Transaction ID : 444a87e7-669d-47a9-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 2025 NE 67th St			Amount 40.00		
City Gladstone		State MO	Zip Code 64118		Transaction ID : 6b43f766-d000-4a36-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					51.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Lydia H DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9513 Beverly Dr		Amount 37.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : a7206a99-f418-4de9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 282 Falls Ave			Amount 30.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : f3c26d99-2399-4b1b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 392 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 282 Falls Ave			Amount 17.40	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 299fc44b-93fd-4a36-a Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 9425 Jessica Drive			Amount 87.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 2137146e-7ac1-47e7-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 393 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 9425 Jessica Drive			Amount 19.80		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 73ef3a95-593e-4d88-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marsha P Meroney			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 513 Ray West Dr			Amount 29.20		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 94cb040e-da62-4010-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 394 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 30.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 13d280b8-003d-4aaa-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 9.39	
City Cary	State NC	Zip Code 27519	Transaction ID : d2dcafe6-f46b-46c2-9 Date of Disbursement or Obligation 10 / 18 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.39	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 395 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rebecca A Robertson			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 403 S Prescott St			Amount 20.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : f040dc61-a008-47c3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Robertson			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 403 S Prescott St			Amount 3.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 13c11f65-ac12-4cf9-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 11 / 24 / 2014	
Signature				

Full Name of Payee John S Meroney Sr.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 513 Ray West Dr		Amount 29.20	
City Kernersville	State NC	Zip Code 27283	Transaction ID : bf07655f-596d-47dd-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee John S Meroney Sr.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 513 Ray West Dr		Amount 3.90	
City Kernersville	State NC	Zip Code 27283	Transaction ID : 087585e4-8d68-4d32-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1851 S Laura St		Amount 75.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 53a0d26c-1993-4d5d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1851 S Laura St			Amount 4.20		
City Wichita	State KS	Zip Code 67211	Transaction ID : 3be49fb7-0aab-4f23-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address P.O. Box 712		Amount 90.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 88cd9ddb-8528-4387-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	165.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address P.O. Box 712			Amount 36.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : c4d983a9-00b4-4f9f-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 314 S Main St			Amount 81.70		
City Roxboro		State NC	Zip Code 27573		Transaction ID : 729518eb-637a-441d-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					117.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 400 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 314 S Main St			Amount 17.88	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 02da4fcf-4dd1-421f-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cebrina Ford			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 201 E Mt Vernon			Amount 70.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : a9e5b536-6346-4f96-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.88	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 401 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 45.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : efea6874-76dd-46d9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 5.70	
City Belmont	State NC	Zip Code 28012	Transaction ID : c6312de3-3740-4146-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.70	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 402 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 201 E Mt Vernon			Amount 70.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 9f2b721f-e253-4d09-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 201 E Mt Vernon			Amount 9.90	
City Wichita	State KS	Zip Code 67211	Transaction ID : 1fe93100-54c3-486b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount MM / DD / YYYY 3.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : cbaf287a-8e2d-443d-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	MM / DD / YYYY 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		48.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 13.80	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ab608623-0b36-4784-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 286 Wrenn Drive		Amount 9.90	
City Lexington	State NC	Zip Code 27292	Transaction ID : 1bbd0a54-14bd-4c42-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 406 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 1519 E Village Estates Dr		Amount 25.00
City Park City	State KS	Zip Code 67216
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e9b8f9fb-75e2-40d3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 1519 E Village Estates Dr		Amount 5.40
City Park City	State KS	Zip Code 67216
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4d0b4b06-8b58-4d27-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	30.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 407 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 25.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 4190ff7a-8a2b-49a0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1057 Waldron Road			Amount 50.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 531740d1-a630-4819-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 408 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 6418 East 12 St		Amount 45.00
City Wichita	State KS	Zip Code 67206
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 41b53235-8734-462d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 6418 East 12 St		Amount 3.00
City Wichita	State KS	Zip Code 67206
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9f1cc6a0-a196-4b29-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 204 W 9th St		Amount 24.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 97ba831a-9307-40b7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 204 W 9th St		Amount 3.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ec3a8e54-2f92-4157-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		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.

Date / /

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.29	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 9d221d6d-829f-475c-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 411 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 2073 A Clover Ave			Amount 80.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 1f2df4df-4395-4ba4-a Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hope Benner			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 2073 A Clover Ave			Amount 12.45	
City Springdale	State AR	Zip Code 72764	Transaction ID : e5492f29-3d94-4d11-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.45	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 18.00	
City Azle	State TX	Zip Code 76020	Transaction ID : b367bcc2-ff6c-4115-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 413 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 9653 Nations Dr			Amount 60.00	
City Springdale		State AR	Zip Code 72762	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 3cf9df8e-c917-4403-b Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address PO Box 398			Amount 80.00	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : ff9571c8-bf91-4c78-b Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 414 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address PO Box 398			Amount 31.50	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : c23f20b4-78cb-4eae-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 437 Roberson Creek Rd			Amount 20.00	
City Pittsboro		State NC	Zip Code 27312	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : eb479109-c4ef-4ee0-a Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 11 / 24 / 2014				

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 20.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 14f66c10-2f6e-4cd3-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 416 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 2704 E Glen Oaks Dr			Amount 7.20	
City Wichita	State KS	Zip Code 67216	Transaction ID : fed27e5b-5516-4d90-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount 50.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : f07bd7ad-5da8-4722-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 417 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 52.53		
City Searcy	State AR	Zip Code 72149	Transaction ID : 17c0ec8c-077c-4bc7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 250 JS Brewton rd			Amount 50.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 0224eb62-4c52-4ef6-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.53		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 418 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination / / 10 / 18 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 452bde80-e9cf-4a0e-b Date of Disbursement or Obligation / / 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination / / 10 / 18 / 2014		
Mailing Address 7915 Curtina Ln			Amount 80.00		
City Lewisville	State NC	Zip Code 27023	Transaction ID : 67f43fd3-8cf6-4560-8 Date of Disbursement or Obligation / / 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 83.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date / / 11 / 24 / 2014	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 3300 Asher Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : beac9ade-fa94-476e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 3300 Asher Ave		Amount 37.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : e3a9580d-0264-45b5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	117.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 420 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 3654 Tara St		Amount 80.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 5717e64e-768a-4f91-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Erissia Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 11005 Oak Forest Pkwy Dr Apt F		Amount 50.00	
City Saint Louis	State MO	Zip Code 63146	Transaction ID : db6201a7-0782-4be7-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 205 Medallion Circle		Amount 47.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 3471d411-e0f3-4d2b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	127.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 422 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 19762 Waldon Rd		Amount 60.00
City Rogers	State AR	Zip Code 72756
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 19762 Waldon Rd		Amount 6.90
City Rogers	State AR	Zip Code 72756
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 423 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 9760 N Pomona Ave			Amount 80.00		
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : a206debe-592d-4d56-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate ☐ Support ☒ Oppose Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Mailing Address 9760 N Pomona Ave			Amount 66.54		
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : ff3f2cc3-53a6-4e94-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate ☐ Support ☒ Oppose Mr. Greg Orman		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	146.54
(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

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

Signature

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1434 South Avenue			Amount 21.00		
City Eden	State NC	Zip Code 27288	Transaction ID : 7be1688a-80cb-4d4d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 425 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 50.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 36d9292d-9a36-4ce8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 15.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : f23f82a9-744a-4426-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2506 Bolch Street		Amount 37.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 9fffb70e-f4a5-4315-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	117.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1110 N Coolidge		Amount 5.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c1768c26-6a9c-4b51-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 40.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4dcdd0fa-434f-4223-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 5.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 3dad77c5-0da9-4729-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45.22
(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

 MM / DD / YYYY

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 429 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 43ec2284-6f86-4e71-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1981 Cherokee St			Amount 25.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 21758e1c-202b-493c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 1981 Cherokee St			Amount 1.38		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 39b206ac-4720-42ef-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1103 West Wilson Street		Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 77f3f2bb-d93c-4d3c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify)	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General 2014

(a) SUBTOTAL of Itemized Independent Expenditures.....		56.38
(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

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 6e32020f-fe9e-4cfb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 432 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 543 S 2nd St		Amount 5.10
City Bellaire	State NC	Zip Code 77401
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9a75b9d2-69dc-4804-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Raynette M Domingo		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 94-468 Hamu St		Amount 10.00
City Waipahu	State HI	Zip Code 96797
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 552f78f8-e71c-48d9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 434 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 31.65
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 2530 Brook Stone Dr		Amount 80.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	111.65
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 915 East Market Ave		Amount 110.00	
City	State	Zip Code	Transaction ID : 9ee59aea-4edc-4f69-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		127.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 915 East Market Ave			Amount 110.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 393eca84-a442-4078-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1809 N Woodlawn		Amount 35.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 72a072a5-d953-418f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1809 N Woodlawn		Amount 6.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6dd1d244-503c-40be-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1700 E Part Ave		Amount 33.00	
City	State	Zip Code	Transaction ID : e5604e43-e25e-49f9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 39.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 438 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 1700 E Part Ave		Amount 32.25
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9c4af0ce-5e1a-43a2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 103 Glenhaven Ct		Amount 45.00
City Harvest	State AL	Zip Code 35749
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 763d7953-af03-4b3f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 15.60	
City Harvest	State AL	Zip Code 35749	Transaction ID : 07522f63-b2a0-4192-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 75.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 823a79e6-ff1b-479a-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 600 W Vine Ave		Amount 85.00	
City	State	Zip Code	Transaction ID : 84f10344-a559-4ca2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	128.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 441 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 600 W Vine Ave			Amount 69.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 4573c2c3-6d82-4d35-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 804 Roundabout Circle			Amount 130.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 628a6129-6c58-4e42-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			199.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1001 N Prospect		Amount 6.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : b3390dd3-c78d-4ccb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 915 E Market Ave		Amount 75.00	
City	State	Zip Code	Transaction ID : 9025a305-327b-4a74-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 90.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 96e94fb5-e423-4c0d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 445 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 15.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : de37e27e-7c18-4edf-9
Purpose of Expenditure Mileage	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : e4f64a56-f35d-40fe-a
Purpose of Expenditure Salary	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	55.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 446 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 16 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 6.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : a00f5785-6b63-426e-9 Date of Disbursement or Obligation 10 / 16 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lindsey N Rose			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 615 Live Oak Dr			Amount 60.00		
City searcy	State AR	Zip Code 72143	Transaction ID : c7a442cf-6cf3-4bce-8 Date of Disbursement or Obligation 10 / 18 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 2121 Daniel Dr		Amount 65.70	
City	State	Zip Code	Transaction ID : 790f2d77-4301-4551-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	195.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 536f7ebc-5451-438d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 200 Carawood Lane		Amount 18.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : d5044b75-c867-4301-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 450 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 6101 NORA ST		Amount 70.00
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate ☐ President ☐ General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 1025 Cayley Ct		Amount 105.00
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☐ General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 451 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1025 Cayley Ct		Amount 23.70	
City High Point	State NC	Zip Code 27260	Transaction ID : 408d6a1c-7fc4-4465-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 1001 N Prospect		Amount 107.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : c2648ada-351e-4f94-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		131.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 121 Ohara Dr		Amount 70.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 8fffd29d-dc64-45a0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.33
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 453 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination / /		
Mailing Address 121 Ohara Dr			Amount 95.70		
City Salisbury	State NC	Zip Code 28147	Transaction ID : b9089b66-2a9f-4545-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination / /		
Mailing Address 448 Judson Dr			Amount 25.00		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : a2cebd84-5db3-4bec-b Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.70		
(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 11 / 24 / 2014	

Full Name of Payee Maurice A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 448 Judson Dr		Amount 25.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : b90af187-f13e-425f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		27.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1211 Treaty Rd		Amount 60.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 1f458db5-5ee1-41c8-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1211 Treaty Rd		Amount 19.50	
City Delphos	State KS	Zip Code 67436	Transaction ID : bc434430-edab-42f3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 0fce45bc-2705-4300-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014		
Mailing Address 3007 Darden Rd			Amount 10.80		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 54cc2a50-a4d0-444a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 457 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : bfa2f361-ad8f-4efb-8 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1211 Treaty Rd			Amount 60.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 662c0a5f-baa6-4d7f-9 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 11 / 24 / 2014	
Signature				

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 6.60	
City Little Rock	State AR	Zip Code 72205	Transaction ID : cc595be2-d500-41ba-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 459 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 506 N Horton Street			Amount 100.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 93f8ce77-484e-4e66-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 506 N Horton Street			Amount 30.30	
City Searcy	State AR	Zip Code 72143	Transaction ID : f2803ee6-29e6-425a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.30	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 460 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 100.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : d95961ff-b78c-41e4-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 30.30	
City College Grove	State TN	Zip Code 37046	Transaction ID : 7d9076c2-1c96-4768-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		130.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 18065 Wayne Rd		Amount 170.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 0a2b2973-608f-4733-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	270.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 125.61	
City Elgin	State SC	Zip Code 29045	Transaction ID : dd0eb657-a286-4e17-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 295.61
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 463 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 40.00	
City Conway	State AR	Zip Code 72032	Transaction ID : cc44d9dc-aecd-473b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 28.20	
City Conway	State AR	Zip Code 72032	Transaction ID : d3c1fed7-b8dc-4050-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.20	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 464 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 40.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 758cec91-db2c-430c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 19.50	
City Charolette	State NC	Zip Code 28215	Transaction ID : 17ad3693-ddcf-420b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 18 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 7 Bards Lane		Amount 18.30	
City Fletcher	State NC	Zip Code 28732	Transaction ID : bb4ee4c1-355a-4b0f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	98.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date / /

Signature

Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 5828 Rena Road		Amount 15.90	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 1bbc38a7-57ff-417f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 467 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination / / 10 / 19 / 2014		
Mailing Address PO Box 37			Amount 5.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 704dfae7-2deb-4753-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			 1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Maurice A Wilson			Date of Public Distribution/Dissemination / / 10 / 19 / 2014		
Mailing Address 448 Judson Dr			Amount 22.50		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 1314530d-1c96-48ae-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought			 1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 27.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date / / 11 / 24 / 2014		

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 204 W 9th St		Amount 10.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 60ff282b-fea4-4b38-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 469 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 204 W 9th St		Amount 1.80		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : abeb7792-ef1b-4b4e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 2520 Helmstetler Rd		Amount 10.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : c324bdcdb-faa5-4ec8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		11.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 470 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 1.20	
City Lexington	State NC	Zip Code 27295	Transaction ID : 0f1bdfa6-ba3c-4a1b-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 6610 Walcott Rd		Amount 35.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : dd609d0d-c248-482b-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 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]	

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1003 W 5th St		Amount 0.90	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : b9c8b7fb-ddc1-4557-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	20.90
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 915 East Market Ave		Amount 55.80	
City	State	Zip Code	Transaction ID : 80604666-d405-4452-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2025 NE 67th St		Amount 18.24	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 52bb48ab-2742-44dd-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		53.24
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 474 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brett D Axsom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 808 Windsor Perrineville Rd		Amount 30.00	
City East Windsor	State NJ	Zip Code 08520	Transaction ID : eef9624a-2b1c-43d9-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brett D Axsom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 808 Windsor Perrineville Rd		Amount 5.10	
City East Windsor	State NJ	Zip Code 08520	Transaction ID : 2f125f0d-02ae-4899-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 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 475 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dedrick W Dunbar			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 6667 Avocado Dr			Amount 30.00	
City Baton Rouge	State LA	Zip Code 70812	Transaction ID : 19139221-445c-410a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 52.50	
City Picayune	State MS	Zip Code 39466	Transaction ID : bfa77570-f837-41a5-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			82.50	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 476 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 29.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : 888f9655-fa3a-4475-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 55.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : 7689d4b5-d8b1-4d50-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 477 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 4367 Splitlog Rd			Amount 30.00	
City Goodman	State MO	Zip Code 64843	Transaction ID : fec1f666-c488-4abf-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 30.00	
City Cary	State NC	Zip Code 27519	Transaction ID : aeabc4ec-c9a2-401a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 478 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 10.62		
City Cary		State NC	Zip Code 27519		Transaction ID : 2c2fb112-3c85-4062-8 Date of Disbursement or Obligation 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 1117 Clipper Dr			Amount 23.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : 6105afb2-d1f3-4da7-a Date of Disbursement or Obligation 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1117 Clipper Dr		Amount 0.90	
City Slidell	State LA	Zip Code 70458	Transaction ID : 96d0ea1e-b342-4de0-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 30.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : d0a55c90-2075-46b0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 480 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 6.90	
City Wichita	State KS	Zip Code 67216	Transaction ID : 548a439d-a465-4fdd-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 4310 N Mission Rd		Amount 25.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : d9cbd2a5-d05d-484c-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 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		31.90	
(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 11 / 24 / 2014 [Electronically Filed]	

Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6108 Harkins Ave		Amount 35.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 7bfaf8a7-52e6-4893-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 482 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 6108 Harkins Ave			Amount 13.80		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 2717c16a-fa51-41a7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 9513 Beverly Dr			Amount 30.00		
City Overland Park		State KS	Zip Code 66207		Transaction ID : f05c606f-3328-4ccd-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 9513 Beverly Dr		Amount 25.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 00d0c247-3b92-41d9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1809 N Woodlawn		Amount 30.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0401e780-3a13-468b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 40.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 54377ec3-86ec-42da-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 486 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 D Meens			Date of Public Distribution/Dissemination / / 10 / 19 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 10.20		
City Topeka		State KS	Zip Code 66614		Transaction ID : c3d04408-8a4c-46d5-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination / / 10 / 19 / 2014		
Mailing Address 220 Doucet Rd			Amount 25.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : 8fa534fd-c1f0-462f-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 35.20		
(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 / / 11 / 24 / 2014

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 110 W Pecan St		Amount Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8073ea8f-5a20-4d3e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	Amount 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		56.11
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 488 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 110 W Pecan St		Amount 36.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6f779405-4a00-4fd2-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 69c19089-33f4-4613-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		136.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 6412 Osage Dr			Amount 20.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : a13ca2f6-8327-4dea-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 300 Evangeline St		Amount 45.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 883341ad-1f7f-4a19-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 491 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 300 Evangeline St			Amount 4.50	
City Monroe	State LA	Zip Code 71201	Transaction ID : c68e4417-5bf1-4b04-9 Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 30.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 146570ab-935e-4716-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			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.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 492 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 12.90	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 2fdf4f82-b77e-4b00-8 Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 6403 E Admiral Doyle Dr			Amount 20.00	
City Jeanerette	State LA	Zip Code 70544	Transaction ID : eb3a0fe9-b7db-4692-8 Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 493 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rose T Walker			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 6403 E Admiral Doyle Dr			Amount 4.50	
City Jeanerette		State LA	Zip Code 70544	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 6c02300b-ee59-4464-9 Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 50.00	
City Midland		State NC	Zip Code 28107	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 4e8e4609-d661-4c02-b Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 494 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination / /		
Mailing Address 10000 Mount Pleasant Rd			Amount 11.40		
City Midland	State NC	Zip Code 28107	Transaction ID : d5c175e6-7c10-4fc4-b Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination / /		
Mailing Address 202 Rue Des Cajun			Amount 55.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d8ce0c76-cdbb-4f67-a Date of Disbursement or Obligation / /		
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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date / /	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 495 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 19.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f327ca86-210c-4ae2-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 202 East Park Ave Apt 40			Amount 47.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 53e9dee7-72fa-4018-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 496 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 27.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 492c3580-89ff-45ce-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 2506 Bolch Street		Amount 70.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : fa50606e-a2d4-4690-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		97.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2506 Bolch Street		Amount 32.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 57a13f40-48db-4385-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 47.50	
City	State	Zip Code	Transaction ID : fa7a07cd-36a4-4ce2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 205 Medallion Circle			Amount 73.50		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1633c073-5e88-4405-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 499 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014
Mailing Address P.O. Box 712		Amount 40.00
City Alexander	State AR	Zip Code 72002
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : fc8c844b-0063-4125-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014
Mailing Address P.O. Box 712		Amount 26.70
City Alexander	State AR	Zip Code 72002
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : acfee6b2-1f5c-4a89-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	66.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 500 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 9760 N Pomona Ave			Amount 90.00	
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : fad453c3-3202-411d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam K Plunkett			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 9760 N Pomona Ave			Amount 73.26	
City Kansas Cuty	State MO	Zip Code 64153	Transaction ID : 92a210a7-b88b-41dc-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			163.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Kelli R Zimmerman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 248 Hungerford		Amount 3.00	
City Haysville	State KS	Zip Code 67060	Transaction ID : 3a4ede88-a849-4862-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 502 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Konner M Zimmerman			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 248 Hungerford			Amount 25.00	
City Haysville	State KS	Zip Code 67060	Transaction ID : ea22b271-cbbb-40bc-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Konner M Zimmerman			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 248 Hungerford			Amount 3.00	
City Haysville	State KS	Zip Code 67060	Transaction ID : 2035d5c1-11c7-46fa-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 503 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 57.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 4e16c770-b28f-47da-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 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.90	
City High Point	State NC	Zip Code 27260	Transaction ID : 745ed0ac-c6ef-4ef2-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 504 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 227 Lincoln Dr			Amount 10.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 85b6cc35-eca3-42c8-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 227 Lincoln Dr			Amount 19.74		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 17d9514b-680c-4a8c-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.74		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 505 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 30.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6d72a3e0-53ae-47cb-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 16.53	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6023e043-020b-416f-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 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		46.53	
(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]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 250 JS Brewton rd		Amount 50.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 187a5bad-7da5-4743-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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	298625.67	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.

Date / /

Signature

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 314 S Main St		Amount 10.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : fea2e3e2-8020-4c94-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	13.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 314 S Main St		Amount 3.15	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 0214802f-201b-4935-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 10.00	
City Conway	State AR	Zip Code 72032	Transaction ID : a4cf7120-3ee9-47c2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	286951.71		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	13.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 63b4d919-4d04-43a4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 510 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 15.00	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 43686f8c-b1a5-4d44-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 3315 Cardinal Ridge Rd		Amount 1.20	
City Greensboro	State NC	Zip Code 27410	Transaction ID : 09864fa5-3c2d-4ce5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 511 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 437 Roberson Creek Rd			Amount 40.00	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 7952216c-71ef-4ed5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 437 Roberson Creek Rd			Amount 20.70	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 2c832f56-7160-4cbd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			60.70	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 512 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : d4413223-f056-45a0-9 Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 20.10	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 72673045-6313-44d4-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.10	
(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 11 / 24 / 2014

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 30217 Crook Rd		Amount Amount 23.34	
City Cleveland	State MO	Zip Code 64734	Transaction ID : da5ba727-5b9b-44d5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.34
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 514 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 120.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 92d04695-898e-41ac-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 76.68	
City Elgin	State SC	Zip Code 29045	Transaction ID : 70c2e936-a7c9-40b8-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		196.68	
(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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 515 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination 10 / 19 / 2014
Mailing Address 272 Westgate Ct Apt 6		Amount 42.50
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d035d3d9-991f-49eb-a Date of Disbursement or Obligation 10 / 19 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination 10 / 19 / 2014
Mailing Address 272 Westgate Ct Apt 6		Amount 3.00
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 316c536a-8fda-4a99-9 Date of Disbursement or Obligation 10 / 19 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.50
(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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 516 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014
Mailing Address 18065 Wayne Rd		Amount 120.00
City Odessa	State FL	Zip Code 33556
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 876f694c-2df0-47c4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014
Mailing Address 200 Carawood Lane		Amount 42.50
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 02a1a5d3-bbe8-4bd1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	162.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 50.00	
City Concord	State NC	Zip Code 28205	Transaction ID : 97c5cb22-a429-4835-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 518 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 14.40		
City Concord	State NC	Zip Code 28205	Transaction ID : 71d04704-0403-40af-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 90.00		
City Harvest	State AL	Zip Code 35749	Transaction ID : 1fdfcc8a-5a22-4929-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 19 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			104.40		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 519 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 103 Glenhaven Ct			Amount 51.30	
City Harvest	State AL	Zip Code 35749	Transaction ID : e2f2d9aa-2f07-4aab-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 90.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : e58db910-6c3c-4037-8 Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.30	
(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 11 / 24 / 2014

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 448 Judson Dr		Amount 22.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : a947e455-3e08-410e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 804 Roundabout Circle			Amount 100.00		
City	State	Zip Code	Transaction ID : 70060ee3-6f0b-4563-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Office Sought: ☐ House ☒ Senate District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 521 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 2121 Daniel Dr			Amount 100.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ee6fc1b1-bd7b-476f-b Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 2121 Daniel Dr			Amount 52.14	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7d20a905-bae6-4cb0-b Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			152.14	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 522 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 2be5794f-6065-417c-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 22.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : a496e69d-c63e-4d35-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 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 523 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 80.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : c79b6b0c-0b61-4b1f-b Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 17.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 8eb41670-8141-49f0-a Date of Disbursement or Obligation 10 / 19 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.10	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 543 S 2nd St			Amount 60.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 709907dd-ac12-459f-a Date of Disbursement or Obligation 10 / 19 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 19 / 2014		
Mailing Address 543 S 2nd St			Amount 3.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : ed5ca2de-dcdc-4f3e-a Date of Disbursement or Obligation 10 / 19 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 20.00	
City Little Rock	State AR	Zip Code 72217	Transaction ID : 962f2ac7-6602-482e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee John W Antonetz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 11127 Gila Valley Dr		Amount 5.70	
City Little Rock	State AR	Zip Code 72217	Transaction ID : cc57f55a-6426-4683-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014		
Mailing Address 121 Ohara Dr			Amount 96.60		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 59f064cf-a13a-4fd5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	171.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 506 N Horton Street		Amount 11.10	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5bddf525-a601-45c9-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 40.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 5228cb1f-8ff4-4592-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 11.10	
City College Grove	State TN	Zip Code 37046	Transaction ID : 570c942d-a0b1-49fb-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 529 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 915 East Market Ave		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : b787c91f-d75f-4a35-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 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 915 East Market Ave		Amount 51.60	
City Searcy	State AR	Zip Code 72149	Transaction ID : 9b506e96-0816-4c49-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		111.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 530 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 1211 Treaty Rd			Amount 55.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : ae7c2538-c444-4af0-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 1211 Treaty Rd			Amount 14.10	
City Delphos	State KS	Zip Code 67436	Transaction ID : dbd924e7-8599-4686-a Date of Disbursement or Obligation 10 / 19 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.10	
(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 11 / 24 / 2014

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 6418 East 12 St		Amount 25.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 6a888465-6165-4f85-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

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

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 532 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 6418 East 12 St			Amount 7.50	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : efb824e-d9c4-4750-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon			Amount 30.00	
City Wichita		State KS	Zip Code 67211	
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : f4625637-eea3-4a2d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 533 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon			Amount 4.80	
City Wichita	State KS	Zip Code 67211	Transaction ID : 5f787488-c152-4ea3-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cebrina Ford			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 201 E Mt Vernon			Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 6f9552d1-d2b8-4689-9 Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 534 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0d57d50f-eca5-46e6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 2.10	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e5dcaa86-e62c-4e71-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 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 506 N Horton Street		Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 36daecbc-4517-4b77-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 536 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 506 N Horton Street		Amount 21.60	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0c7df106-5057-4fbe-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 2002 E Park Ave Apt 40		Amount 37.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 2cf17ccb-a4d9-48a5-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 537 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 37.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8fe01ee2-e395-4b70-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 24.12	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7475fb8c-5d9a-4879-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		61.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 538 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 416 Vine Dr			Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 9f48cbae-b6f0-41ff-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 416 Vine Dr			Amount 8.40	
City Lawrence	State KS	Zip Code 66049	Transaction ID : a819f702-f044-4a0b-b Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 539 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 915 East Market Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : c2b28f71-a37f-4020-8 Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 18 / 2014	
Mailing Address 915 East Market Ave			Amount 52.80	
City Searcy	State AR	Zip Code 72149	Transaction ID : 3c1e2965-af2f-4f46-b Date of Disbursement or Obligation 10 / 18 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.80	
(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 11 / 24 / 2014

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

Full Name of Payee Melodie K Powell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 7745 SW El Cerrito Dr		Amount 15.00
City Topeka	State KS	Zip Code 66674
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d7ac150b-39e7-4ab6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Melodie K Powell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 7745 SW El Cerrito Dr		Amount 2.70
City Topeka	State KS	Zip Code 66674
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 387d1190-64da-42e7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 541 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 5521 Randolph St			Amount 35.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : d1f43c1e-f556-4dfc-b
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carmin S Roldan-Myers			Date of Public Distribution/Dissemination 10 / 18 / 2014		
Mailing Address 214 Needle Pk Dr			Amount 30.00		
City Cary		State NC	Zip Code 27513		Transaction ID : 6bd0c28e-d70f-4909-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 18 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1003 W 5th St		Amount 25.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 239cbf83-7fd0-4774-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 18 / 2014	
Mailing Address 1003 W 5th St		Amount 1.20	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : c676ce46-8e27-418d-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify)	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

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

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 543 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Flora B Shanks			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 246 20th St			Amount 75.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : fcd27008-b814-4bdc-a Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Flora B Shanks			Date of Public Distribution/Dissemination 10 / 16 / 2014	
Mailing Address 246 20th St			Amount 1.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 95d09c95-7b3b-47a7-8 Date of Disbursement or Obligation 10 / 16 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 1601 Willow Road			Amount 200.00		
City Menlo Park		State CA	Zip Code 94025		Transaction ID : b77bb8a1-2928-4887-8
Purpose of Expenditure Online advertising		Category/Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 30.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 9733a873-887c-48d1-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			230.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 545 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 8.67		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 1455e23a-c110-49c7-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 4.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 04b80125-bc1f-4443-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4e5a1188-5af2-4ca5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 547 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4456 Country Hill Dr			Amount 9.30		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : 6f569579-21d9-4a95-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 42.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : a72562d6-1ef9-4e61-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 548 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : b30cfe19-2ccd-48b2-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 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 5003 Allison Lane			Amount 50.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 47233f58-4b56-4df2-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 549 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 5003 Allison Lane		Amount 3.00
City Ft. Smith	State AR	Zip Code 72901
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2134 Tobaccoville Rd		Amount 30.00
City Rural Hall	State NC	Zip Code 27045
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 550 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 416 Vine Dr			Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 7b664257-419d-41a2-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 416 Vine Dr			Amount 16.92	
City Lawrence	State KS	Zip Code 66049	Transaction ID : bc5da66d-acfc-4875-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.92	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 551 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1903 Swan Dr			Amount 70.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b5e4a716-7a79-4a51-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1903 Swan Dr			Amount 3.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9d898fb9-10ea-4a36-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 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3039 Four Way Rd		Amount 20.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 13b7fd9e-3217-4b3c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3039 Four Way Rd			Amount 6.60		
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 9bd05a89-c099-4ffa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 553 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 4429 Lagan Circle		Amount 30.00
City Winterville	State NC	Zip Code 28590
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 5e8cf516-8074-4ed7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 2530 Brook Stone Dr		Amount 80.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 9aaef58e-5a05-4616-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9425 Jessica Drive		Amount 37.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 111f6fea-9f70-448a-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		53.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Date _____

Signature

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 207ea471-06d7-4b60-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		40.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 556 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 9685 Paula St		Amount 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 666b0814-74d7-4176-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 29.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 5663a780-af80-4556-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		64.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 557 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 3205 Pebble Beach Rd			Amount 11.55	
City Conway	State AR	Zip Code 72034	Transaction ID : f3fa8ce1-23bd-4178-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1003 W 5th St			Amount 30.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : b2000575-ea37-40de-8 Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 558 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1003 W 5th St		Amount 2.10	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 88fb8726-d1e1-47be-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5828 Rena Road		Amount 15.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 8dc673bd-a94a-4876-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 10 / 20 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 559 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 458 S Glendale			Amount 30.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : f06c8a43-2d04-4e3c-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 458 S Glendale			Amount 7.50	
City Wichita	State KS	Zip Code 67218	Transaction ID : 533c0f63-c7cd-42ad-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 560 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 55.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 798bfc21-d503-451b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 6.30	
City Belmont	State NC	Zip Code 28012	Transaction ID : 236e6231-26b8-474d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee John K Necaïse III			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1905 Franklin Ave			Amount 11.58		
City New Orleans	State LA	Zip Code 70117	Transaction ID : 95bb7216-f433-4f35-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.58
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 105 South Dale St			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 48d900eb-78e0-4301-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 105 South Dale St		Amount 17.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 982dd927-4d84-493f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

Full Name of Payee Lourdes Lopez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2936 Brushwood Ave		Amount 50.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : 64426f86-1450-436e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 564 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lourdes Lopez			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2936 Brushwood Ave			Amount 4.50		
City Springdale		State AR	Zip Code 72764		Transaction ID : ec9548a7-2e69-459e-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2517 N 47th St			Amount 40.00		
City Milwaukee		State WI	Zip Code 53210		Transaction ID : d9dc9db2-1d86-4f39-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 565 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St			Amount 9999.99 35.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 72ce9321-14de-4758-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9685 Paula St			Amount 9999.99 12.15	
City Keithville	State LA	Zip Code 71047	Transaction ID : 63981794-40de-40fd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999.99 47.15	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999.99	
(c) TOTAL Independent Expenditures..... ▶			99999999.99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 995 Clairborne Rd		Amount 48.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 5501fb8b-5158-4deb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 995 Clairborne Rd		Amount 13.20	
City Calhoun	State LA	Zip Code 71225	Transaction ID : fbb89dab-099f-49d4-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 567 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 2226 Enloe St			Amount 42.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 97adab86-bffb-4a54-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 2226 Enloe St			Amount 6.30	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : aa4879d7-0544-4827-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 16bb1c6c-a6bf-4430-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 569 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1510 Bailey St			Amount 45.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 30f6963a-2036-4089-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 8822 Apple St			Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5199e39b-f9b5-44fb-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 570 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 8822 Apple St			Amount 15.60	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 28072c40-0951-490e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 924 N. Prieur St			Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 16e480c3-4432-411a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 571 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.60		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 53009caf-82f8-44cf-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 22.50		
City Topeka		State KS	Zip Code 66614		Transaction ID : 1ee02383-9b1d-4e72-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 572 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 D Meens			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 2.49		
City Topeka		State KS	Zip Code 66614		Transaction ID : df5a16f6-e06f-474f-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee David Ford			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 106 Hillside St			Amount 62.50		
City Spindale		State NC	Zip Code 28160		Transaction ID : 36532c4c-f5c4-4dee-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					64.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 11 / 24 / 2014

Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 30.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : bc3caace-cbb5-4cc7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.64
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 60.00	
City Carrire	State MS	Zip Code 39426	Transaction ID : e93bab36-f8a2-44f2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 502 N Oak St		Amount Amount 45.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : dd24decc-f3d2-4de3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought Amount 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.65
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 576 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 502 N Oak St		Amount 11.10
City Little Rock	State AR	Zip Code 72205
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 90f64856-cd52-4fad-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 100.00
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 8b69618f-e9eb-41cb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 577 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 67.20	
City Conway	State AR	Zip Code 72032	Transaction ID : c817745d-0e32-48f0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 3 Girard St		Amount 55.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ccbd1126-280e-4f19-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		122.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 578 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 3 Girard St			Amount 15.30	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 9a6ec87e-8181-46b2-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elizabeth H Newlun			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 19762 Waldon Rd			Amount 30.00	
City Rogers	State AR	Zip Code 72756	Transaction ID : cef84c3f-a610-4cca-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 579 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elizabeth H Newlun			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 19762 Waldon Rd			Amount 7.26	
City Rogers	State AR	Zip Code 72756	Transaction ID : cb35740f-d7e1-4f46-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 3 Girard			Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a118642e-a73e-4ac0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 50.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 2afc1e62-6208-4a59-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 581 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 12062 NC 902 Hwy			Amount 22.80	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : ca76e6d4-0da6-4741-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 11.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : bf89a276-2aa6-4c85-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 582 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 6.30		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 5abbb23f-e6d1-4f5b-b Date of Disbursement or Obligation / / 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 20.00		
City Hendersonville	State TN	Zip Code 37075	Transaction ID : b39728d7-48f3-45d6-8 Date of Disbursement or Obligation / / 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 26.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 20.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : b26db4-d582-45b9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 11.10		
City Harvest	State AL	Zip Code 35749	Transaction ID : 7d611742-dd16-496d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 503 N Cedar St		Amount 14.40	
City Meade	State KS	Zip Code 67864	Transaction ID : 78e2f64a-df9a-41d1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: KS		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		256632.98	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 585 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 3110 Brentwood Rd		Amount 90.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 750cbb17-9d71-4d4f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 3110 Brentwood Rd		Amount 14.10
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 765445a4-4c87-4ff9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	104.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 586 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 9653 Nations Dr			Amount 20.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 7df83bc3-6b78-4df7-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 9653 Nations Dr			Amount 5.40		
City Springdale		State AR	Zip Code 72762		Transaction ID : c2a3ca1d-1ebf-49a3-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 587 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 44 Bell St			Amount 60.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 536fb8a9-fb39-464e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 44 Bell St			Amount 22.80		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 994b0528-aa44-4a2e-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.80		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 589 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 9653 Nations Dr			Amount 80.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : fc4732d3-f651-444b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 915 East Market Ave			Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : a4cb6729-6af6-4766-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 590 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 915 East Market Ave		Amount 48.60
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 9af959e7-d9cb-4925-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 620 Old Barbome Rd Lot 2		Amount 35.00
City West Monroe	State LA	Zip Code 71291
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : c7707432-9939-4c8c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 1.80	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 97e14cbb-c3a3-4c3b-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4894 Thunder Bolt		Amount Amount 50.00	
City Concord	State NC	Zip Code 28205	Transaction ID : d32a0952-6ebd-4d99-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 110 W Pecan St		Amount Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2683589e-cc06-4cbf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	Amount 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 594 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 110 W Pecan St			Amount 35.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 849e4215-401b-4d08-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 75.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 9dced2fd-e546-4044-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 595 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 17.31		
City West Monro	State LA	Zip Code 71291	Transaction ID : 2bfd4982-0500-446a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 415 E Carroll			Amount 20.00		
City Macomb	State IL	Zip Code 61455	Transaction ID : c3e2f139-8320-4f71-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.31		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 597 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : 43a2e18d-70b4-4839-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 605 W Houston St			Amount 48.60		
City Marshall		State TX	Zip Code 75633		Transaction ID : 47cbcd93-766a-4397-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 598 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 121 Ohara Dr			Amount 65.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 1e6abcbf-616e-4e8b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 121 Ohara Dr			Amount 90.30	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 635f0639-682b-4c1c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.30	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 599 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 6fb8451c-4933-4b10-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 905 Lake Drive		Amount 16.20	
City Shelby	State NC	Zip Code 28152	Transaction ID : 214d3def-8e4b-4ac6-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		116.20	
(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 11 / 24 / 2014	

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address P.O. Box 712		Amount 80.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 250a475c-3b58-4796-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address P.O. Box 712		Amount 36.60	
City Alexander	State AR	Zip Code 72002	Transaction ID : 1efe6c6c-d448-4096-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'M M' and value '11'. The second register has address 'D D' and value '24'. The third register has address 'Y Y Y Y' and value '2014'.

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 9.60	
City Midland	State NC	Zip Code 28107	Transaction ID : 410f2924-6be2-4fcb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 602 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 60.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : d7c703b8-fc94-4072-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2565 Shire Circle			Amount 60.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 56fe9b50-b518-44bc-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 603 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shelby J Davis			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6414 The Divide Pkwy Apt 204			Amount 35.00		
City Little Rock		State AR	Zip Code 72223		Transaction ID : 149d8b6f-4a91-4803-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 220 Doucet Rd			Amount 15.00		
City Lafayette		State LA	Zip Code 70503		Transaction ID : e4e10bea-30a7-4f20-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67		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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 604 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 220 Doucet Rd			Amount 0.93		
City State Zip Code Lafayette LA 70503		Transaction ID : b8523a17-e257-42c8-b Date of Disbursement or Obligation 10 / 20 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address PO Box 398			Amount 60.00		
City State Zip Code Neosho MO 64850		Transaction ID : 0bbd4cbf-de3d-4225-8 Date of Disbursement or Obligation 10 / 20 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.93		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 605 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address PO Box 398			Amount 18.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 3bf4e8f2-5d6a-4529-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Landon R Boyles			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 211 Hidden Meadows Dr			Amount 35.00		
City Benton	State AR	Zip Code 72015	Transaction ID : 4b58e819-9f45-4c17-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 1110 N Coolidge		Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bc6cf4fe-7581-4e77-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 135.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Signature

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9263bce4-db32-46d0-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

Signature

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 14.76		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 55c22830-c0fe-4c23-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 600 W Vine Ave			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 150d1fb9-7302-4eaf-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.76		
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 609 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 600 W Vine Ave			Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : eba1e765-895d-4963-9 Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1731 Frenchmen St			Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c5a3893c-551f-462c-8 Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 6412 Osage Dr			Amount 70.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 7bd25349-6063-465c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3654 Tara St			Amount 65.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 7bc0ec50-98e6-4b64-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....		69.26
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 612 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 3654 Tara St			Amount 18.60		
City springdale	State AR	Zip Code 72762	Transaction ID : 9412dc05-8c3f-4200-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 407 randall Dr			Amount 85.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 18b11727-277b-4f95-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 613 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 28dc8007-91cb-4b47-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 101 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 315524d2-a88f-4e54-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3657 S Rail Road St			Amount 10.50		
City Fountain	State NC	Zip Code 27829	Transaction ID : e68d24ce-c172-49a6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 615 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 Youngblood		Date of Public Distribution/Dissemination / / 10 / 20 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : b7ce0d34-8b1e-4144-a Date of Disbursement or Obligation / / 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination / / 10 / 20 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 30.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 5981625b-baa6-4f49-a Date of Disbursement or Obligation / / 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 616 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 2.04	
City Lecompton	State KS	Zip Code 66050	Transaction ID : f7c73a79-dd8a-4a08-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 45.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 55b483da-b946-4bde-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 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 506 N Horton Street		Amount 50.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 48cd4898-fc24-4c62-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 618 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 506 N Horton Street			Amount 15.90	
City Searcy		State AR	Zip Code 72143	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 50.00	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			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.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 619 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 15.90		
City College Grove		State TN	Zip Code 37046		Transaction ID : e32156b5-2033-4b27-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro		State NC	Zip Code 27407		Transaction ID : c7b77736-3ccc-4f49-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 3007 Darden Rd			Amount 15.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5dfd9dfb-c5d7-4ea9-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 593b3891-005c-4a49-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ►	
		☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3e65944a-890c-44b7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	146.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 622 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0d89ed9d-5aa1-4d26-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 9685 Paula St			Amount 21.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 291698b1-9dce-4cb0-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 623 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 18065 Wayne Rd			Amount 75.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : aaa08128-eb07-45ba-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 282 Falls Ave			Amount 20.00		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 07d9de0e-314d-4ea7-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 624 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 282 Falls Ave			Amount 8.10	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 03f6dd87-b3f8-4079-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 75.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 7d3629de-3980-45e3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.10	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 625 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 37.71	
City Elgin	State SC	Zip Code 29045	Transaction ID : 3a363f9a-b85c-4963-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 804 Roundabout Circle			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8558b680-50e0-4cbf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.71	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 626 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 200 Carawood Lane			Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : abf42f8e-d6e5-41fd-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 200 Carawood Lane			Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 14410bd7-a8c4-47a1-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 627 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination / /		
Mailing Address 204 W 9th St			Amount 15.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1ffc13c9-45ff-4b4e-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination / /		
Mailing Address 204 W 9th St			Amount 7.20		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9a6df3d4-d612-4cbf-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date / /		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 20.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : e7ab2431-d79f-4da1-a Date of Disbursement or Obligation 10 / 20 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 9.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : a7c0b739-a731-4930-b Date of Disbursement or Obligation 10 / 20 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2121 Daniel Dr		Amount 55.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : 98d5dba1-2564-4440-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		145.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 630 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 211 Dixie Ave		Amount 50.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : bf951225-f6ef-41d3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Trevor D Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 5521 Randolph St		Amount 30.00
City Marrero	State LA	Zip Code 70072
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f73f88ea-dea4-4363-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 298625.67		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 631 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie		State LA	Zip Code 70001	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 176481cb-13d0-4181-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 629 Radiance Ave			Amount 3.00	
City Metairie		State LA	Zip Code 70001	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : cf03251b-b430-46ee-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 632 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 2506 Bolch Street			Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 65bc447e-3071-4bbd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 2506 Bolch Street			Amount 32.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 221a6ff2-7ebb-4d02-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 205 Medallion Circle			Amount 62.70		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 839870c9-0820-4762-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	142.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 634 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 22369 Ponderosa Dr.		Amount 20.00
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0c707a27-7937-46d5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 22369 Ponderosa Dr.		Amount 5.10
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b580f2f2-b6db-44f3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 635 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 4.00	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 5ed87318-a70c-44e3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 7915 Curtina Ln			Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : eb6b1898-b188-403a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			84.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1434 South Avenue		Amount 20.40	
City Eden	State NC	Zip Code 27288	Transaction ID : 18349ecf-4009-439a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 637 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 30.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 9e663bdd-ab26-43e4-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 1809 N Woodlawn			Amount 90.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 7eb9d55f-7de8-41d8-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 638 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1809 N Woodlawn			Amount 5.40		
City Metairie	State LA	Zip Code 70001	Transaction ID : 53f51ef9-29b5-4b50-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Acgranar R Minix			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 4201 Lakeshore Dr			Amount 50.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 5788b69c-16de-40be-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 639 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Acgranar R Minix			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4201 Lakeshore Dr			Amount 15.60		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 4018f3e9-b664-4302-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 50.00		
City Cary	State NC	Zip Code 27519	Transaction ID : 3d077cc8-aa8f-4067-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0674371d-1d73-4d45-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : dc10ec66-8282-4e86-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 642 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 21.54	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 9297bab8-2a26-4da0-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0dc1f7e9-0586-40b8-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		101.54	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a5247931-5f8d-4c20-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 644 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 R English			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 39.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 7f2ba052-6110-448e-a Date of Disbursement or Obligation / / 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 54beaab0-9d54-4a60-9 Date of Disbursement or Obligation / / 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature 			Date / / 11 / 24 / 2014		

Ms. Emily Buchanan

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 645 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 55.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : b1897058-d230-48bc-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 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 26.22	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3ad86228-be7b-4c1e-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 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		81.22	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 646 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1de08c3e-2878-4f54-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : fe26bedc-c196-43e0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : cacf38cf-2edd-423b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(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 _____

Signature

Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 70.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 63ec5681-8eea-4d66-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1410 Bushville Dr		Amount 25.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8d938219-377a-4d75-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(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.

Date _____

Signature

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 784d6754-6775-4699-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 543 S 2nd St			Amount 6.90		
City Bellaire	State NC	Zip Code 77401	Transaction ID : b2b3bb44-0d81-453a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 30217 Crook Rd		Amount 12.96	
City Cleveland	State MO	Zip Code 64734	Transaction ID : cb0db4f1-56fa-44c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 651 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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			Date of Public Distribution/Dissemination / /		
Mailing Address 121 Meadowview Drive			Amount 		
City Boone		State NC	Zip Code 28607		Transaction ID : 2f4c93dd-fac8-475e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / /	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination / /		
Mailing Address 121 Meadowview Drive			Amount 		
City Boone		State NC	Zip Code 28607		Transaction ID : a0ba26a2-61b7-415d-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / /	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date / /		
			[Electronically Filed]		

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 7102dc1e-1f41-4345-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tylan S Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2320 Saint Nick Dr		Amount 20.40	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 8d44044b-0f17-4b3f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 55.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 5dffe495-9631-46b9-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 18.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 2ca3850d-bbdb-40f7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 654 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4902 Catawba Dr			Amount 40.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : fe55ca5b-d01d-4175-a Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4902 Catawba Dr			Amount 17.10		
City Greensboro	State NC	Zip Code 27407	Transaction ID : a8c110ab-8611-4f73-b Date of Disbursement or Obligation 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014		
Signature					

Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1025 Cayley Ct			Amount 40.00		
City High Point	State NC	Zip Code 27260	Transaction ID : a3831c38-5d48-4d6c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 1025 Cayley Ct		Amount 16.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 8e2d1bb5-ada2-4ebe-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 20 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 656 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 80.00
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 581f0a83-0e46-483b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 9.30
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 7fca987f-f11e-44fe-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	89.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 657 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 85.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : fd6463c7-957f-4fcb-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 62.10	
City Charolette	State NC	Zip Code 28215	Transaction ID : 472fb659-024c-43ad-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			147.10	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 658 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 314 S Main St			Amount 35.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : da243908-179a-44fd-8 Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 314 S Main St			Amount 7.44	
City Roxboro	State NC	Zip Code 27573	Transaction ID : c02fe3c6-abd0-4d46-a Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.44	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1700 E Part Ave		Amount 34.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : fd10ec83-1a7c-4067-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	147.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 1900 Glen West Way		Amount 75.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : a65ff157-1639-4550-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	97.62
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f653d680-9bd4-430b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 112 apache Dr		Amount 12.00	
City Search	State AR	Zip Code 72149	Transaction ID : b1e41000-2ecb-4a79-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 67.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 664 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Dionne Vantuyl		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 2334 NE Parvin Rd		Amount 30.00		
City Kansas City	State MO	Zip Code 64116	Transaction ID : eeefdcfd-92d1-473e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dionne Vantuyl		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 2334 NE Parvin Rd		Amount 3.00		
City Kansas City	State MO	Zip Code 64116	Transaction ID : e5273382-7984-4dca-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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
Signature		MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 665 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rebecca A Robertson			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 403 S Prescott St			Amount 15.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 3a96ca8c-ffcc-4589-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rebecca A Robertson			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 403 S Prescott St			Amount 2.40	
City Wichita	State KS	Zip Code 67209	Transaction ID : 7c0ced0e-4e95-4e5a-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 666 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 6418 East 12 St			Amount 15.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : cda8c5a8-f34d-4fe7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 6418 East 12 St			Amount 3.60	
City Wichita	State KS	Zip Code 67206	Transaction ID : de11a2ac-116d-4038-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			18.60	
(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 11 / 24 / 2014

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount Amount 21.54	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0fba8bd9-bad2-42cc-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 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		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.54
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 5.40	
City Lexington	State NC	Zip Code 27295	Transaction ID : bf9f274c-979c-4d7c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 915 East Market Ave		Amount 63.60	
City	State	Zip Code	Transaction ID : 13870d49-0718-474b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 416 Vine Dr		Amount 16.89	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 57108726-228d-4bca-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.89
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 671 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address PO Box 37			Amount 25.00	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : fab823cb-84f3-41ae-b Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address PO Box 37			Amount 12.38	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : f86e4f2d-8634-4e5c-8 Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.38	
(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 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 673 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 6.60		
City Morganton	State NC	Zip Code 28655	Transaction ID : 89611871-6a01-42d7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address PO Box 37			Amount 25.00		
City East Bend	State NC	Zip Code 27018	Transaction ID : 4624c76f-50c5-4fad-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.60		
(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 11 / 24 / 2014	

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 16864 Stillwell			Amount 7.50		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 3064edc7-ae7d-473a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 675 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Facebook, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1601 Willow Road		Amount 2800.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : 104f59b1-0830-4e97-b
Purpose of Expenditure Online advertising		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 30.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : c4437d24-22fe-4a42-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2830.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of 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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 676 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 9.78		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : a7930c3b-f723-4070-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael B Fuhrmann			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 329 Columbia St			Amount 60.00		
City Shreveport		State LA	Zip Code 71104		Transaction ID : b929e5b0-8707-42b2-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.78		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 678 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2207 SE 64th St		Amount 5.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : a626565d-ac8d-4327-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 2207 SE 64th St		Amount 0.15	
City Topeka	State KS	Zip Code 66605	Transaction ID : d2020105-e020-49dc-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5.15	
(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		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 679 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014	
Mailing Address 1851 S Laura St			Amount 75.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 71800102-2457-495e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rebecca A Robertson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 403 S Prescott St			Amount 15.00	
City Wichita	State KS	Zip Code 67209	Transaction ID : 67fde4dd-ed15-4db7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 680 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Rebecca A Robertson		Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 403 S Prescott St		Amount 2.40	
City Wichita	State KS	Zip Code 67209	Transaction ID : 204c01f5-268f-4115-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination 10 / 17 / 2014	
Mailing Address 201 E Mt Vernon		Amount 60.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : d8d44f82-0efc-4dd4-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		62.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 681 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 201 E Mt Vernon		Amount 6.60	
City Wichita	State KS	Zip Code 67211	Transaction ID : ca8a4b2f-50cd-408f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2014	
Mailing Address 201 E Mt Vernon		Amount 30.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : b66ceca4-e4f1-4276-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 682 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination 10 / 19 / 2014	
Mailing Address 201 E Mt Vernon			Amount 4.80	
City Wichita	State KS	Zip Code 67211	Transaction ID : b8c51e8c-71b0-42b6-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 19 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 4218 Eagle Lake Ct			Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : c31411d1-fbfb-4c6c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 683 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014
Mailing Address 4218 Eagle Lake Ct		Amount 2.40
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e235e3f1-58f6-483b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2014
Mailing Address 1906 S Pine Apt B		Amount 90.00
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9b8c1323-6183-4011-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014	
Mailing Address 4310 N Mission Rd		Amount 10.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : b91d54b2-de67-444c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

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Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 685 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 4310 N Mission Rd		Amount 1.50
City Bel Aire	State KS	Zip Code 67226
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 8551b6b9-9bd6-4239-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 907 Randall Drive		Amount 20.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0deb946e-368a-4adc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 686 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Eric Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 907 Randall Drive		Amount 9.00
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 3315 Cardinal Ridge Rd		Amount 37.50
City Greensboro	State NC	Zip Code 27410
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Mary M Hill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014	
Mailing Address 1354 Wildbriar Dr		Amount 30.00	
City Liberty	State MO	Zip Code 64068	Transaction ID : c960ed59-35c2-46b2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 688 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 900 Bramblegate Rd		Amount 50.00
City Hope Mills	State NC	Zip Code 28348
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e024c5eb-ccd5-4230-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Dwayne C Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 900 Bramblegate Rd		Amount 15.06
City Hope Mills	State NC	Zip Code 28348
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 063336a4-2470-4e3e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.06
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1903 Swan Dr		Amount 9999999999 4.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ba4ad0fd-2b89-4e94-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		9999999999 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 691 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 42.50	
City Clemmons		State NC	Zip Code 27012	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : e6d34f9f-ae02-4f55-a Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 4.80	
City Clemmons		State NC	Zip Code 27012	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 34e1291a-fa41-48f7-9 Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.30	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 692 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John K Necaise III			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1905 Franklin Ave			Amount 25.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : a4a896f2-a92c-4736-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee John K Necaise III			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1905 Franklin Ave			Amount 11.70	
City New Orleans	State LA	Zip Code 70117	Transaction ID : e11e3370-97e4-42e7-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.70	
(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 11 / 24 / 2014

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 23.30	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 3f4b3616-9702-4a50-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 67.50	
City New Bern	State NC	Zip Code 28560	Transaction ID : 6d24f2eb-51f8-4bc7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.38
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 416 Vine Dr		Amount 30.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : ce9cf231-7732-4d5b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 696 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 416 Vine Dr			Amount 10.50		
City Lawrence	State KS	Zip Code 66049	Transaction ID : 16de5e36-3960-4483-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 458 S Glendale			Amount 20.00		
City Wichita	State KS	Zip Code 67218	Transaction ID : 8cbb62d8-3678-423f-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.50		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 697 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 458 S Glendale			Amount 6.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 3d8eab44-8140-4e43-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address Split Oak Drive			Amount 70.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : d74d191a-4fee-446f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			76.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 698 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address Split Oak Drive			Amount 17.91	
City charlotte	State NC	Zip Code 28227	Transaction ID : cc664f08-7495-445c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3039 Four Way Rd			Amount 25.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : fd8ad442-8914-4de9-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.91	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 106 Hillside St		Amount Amount 47.61	
City Spindale	State NC	Zip Code 28160	Transaction ID : fdd1f1e8-2e62-42b7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.11
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 700 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 4429 Lagan Circle			Amount 25.00		
City Winterville	State NC	Zip Code 28590	Transaction ID : 9b571a2b-46a5-4862-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 4429 Lagan Circle			Amount 7.50		
City Winterville	State NC	Zip Code 28590	Transaction ID : 55cd0ce6-5c4f-4e1e-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014		
Signature					

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 4.53	
City	State	Zip Code	Transaction ID : 225b4f30-7dd9-4aeb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	
		002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.53
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 995 Clairborne Rd		Amount 42.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 85d1cf1a-80d7-4195-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 995 Clairborne Rd		Amount 13.20	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 86c7f141-47ee-4b06-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 703 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 50.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 529a0a4b-c962-4d99-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 37.20	
City Carriere	State MS	Zip Code 39426	Transaction ID : d6532f17-7643-44f8-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 704 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 5521 Randolph St			Amount 20.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 72a41d08-f44f-4d81-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 605 W Houston St			Amount 50.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : 9bbaf4b8-4c48-4021-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 705 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 605 W Houston St			Amount 38.10		
City Marshall		State TX	Zip Code 75633		Transaction ID : 7a85a4aa-be23-4b14-b Date of Disbursement or Obligation 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5521 Randolph St.			Amount 10.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 921a4d84-06e0-42c2-a Date of Disbursement or Obligation 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			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.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 706 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 5521 Randolph St.			Amount 1.20		
City Marrero	State LA	Zip Code 70072	Transaction ID : 0259cbaf-c374-49d3-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 35.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8f5ad602-ca9f-4b3a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 707 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 13.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 612612e3-a5a0-4279-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 409 LaSalle Drive			Amount 40.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 4735d4f3-81ae-4d68-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 64.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 00ee14fa-60b8-4877-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 503 N Cedar St		Amount 57.50	
City Meade	State KS	Zip Code 67864	Transaction ID : d093dcf3-6ea7-4e0d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.21
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 503 N Cedar St		Amount 24.60	
City Meade	State KS	Zip Code 67864	Transaction ID : 699867b9-0945-4b36-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 70.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 3629f8bd-5059-4bd2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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	1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 711 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 12062 NC 902 Hwy			Amount 23.10	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 42a3e7eb-5832-4772-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 7915 Curtina Ln			Amount 83.20	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 1b205660-e4a8-4f21-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.30	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 712 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 83.20	
City Clemmons	State NC	Zip Code 27012	Transaction ID : dab553e8-d66a-4ef2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 21.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e60db707-ea17-43b2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : cc4637be-c299-4c48-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 714 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 6610 Walcott Rd			Amount 25.00		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 971b2bd7-75b3-4c02-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 6610 Walcott Rd			Amount 15.00		
City Paragoud	State AR	Zip Code 72450	Transaction ID : 4c8b24ee-32d3-4b6e-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 715 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 4218 Eagle Lake Ct		Amount 10.00
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d762b595-2bde-45ba-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 4218 Eagle Lake Ct		Amount 2.10
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 70af0a7d-15b0-42ba-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 716 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 9c14631f-50b2-4969-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 1.20	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : b9838c28-1070-4098-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 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		11.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 717 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 S Buren			Date of Public Distribution/Dissemination / / 10 / 21 / 2014	
Mailing Address 415 E Carroll			Amount 20.00	
City Macomb	State IL	Zip Code 61455	Transaction ID : a310811b-8384-4f72-a Date of Disbursement or Obligation / / 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination / / 10 / 21 / 2014	
Mailing Address 9653 Nations Dr			Amount 20.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : d6bb7ef2-6a90-4020-9 Date of Disbursement or Obligation / / 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 40.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 33.60	
City Neosho	State MO	Zip Code 64850	Transaction ID : eb5f0865-9bf5-4696-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	133.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 168 Emerald Hill		Amount 100.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : e2258188-0eab-4cee-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2517 N 47th St		Amount 50.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : fd367645-5d5e-4203-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 720 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 5f922371-26f6-4c38-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 205 Medallion Circle			Amount 62.10	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4e017679-f4b2-4ca2-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.10	
(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 11 / 24 / 2014	
Signature _____				

Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount MM / DD / YYYY 5.40	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 5874ab02-303e-482f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 2.10	
City Wichita	State KS	Zip Code 67204	Transaction ID : 18206700-9c8a-4772-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 723 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 11.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 237f9fd8-3b89-48a3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 6.30	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 1783407e-05ed-4f40-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 24.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 38b9e2e8-ee5b-4721-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	144.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 726 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5828 Rena Road		Amount 25.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 3574febd-f858-46b7-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brittnie W Campbell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5828 Rena Road		Amount 4.80	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 62ea6eda-0e4f-45a6-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 8822 Apple St		Amount 9.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 9a837207-2ccd-4504-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 728 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 924 N. Prieur St			Amount 40.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : f63d27f3-7243-4843-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 4d4cf365-2d49-42dd-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 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9653 Nations Dr			Amount 20.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : 85e5733b-eb75-4691-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9653 Nations Dr			Amount 9.30		
City Springdale		State AR	Zip Code 72762		Transaction ID : d4ad8aaf-ef2e-4a43-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			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.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 730 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 70.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : 2230f03b-6b1b-4476-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 32.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : 39ada36f-0e92-41f6-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 102.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 6.12	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 712f5224-57c5-4ca3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....		118.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 733 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5828 Rena Road			Amount 999999.99 52.50	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 294fe4b0-7201-405d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5828 Rena Road			Amount 999999.99 14.10	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : b5d04a04-d5de-4d30-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99999999.99 66.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			99999999.99	
(c) TOTAL Independent Expenditures.....▶			99999999.99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 734 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 105 South Dale St			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3a429ac5-286e-432a-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 105 South Dale St			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 9eb2c5c1-888e-4227-9 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 735 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 209 Hillside Dr			Amount 10.00	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 2566a075-1444-4cf4-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 209 Hillside Dr			Amount 1.35	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 95a9464a-e0b9-406b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.35	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 736 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 109 Essex Cv			Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : b1537712-f3d6-48ba-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 109 Essex Cv			Amount 5.70	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 403912ae-92a7-4e76-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.70	
(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 11 / 24 / 2014

Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 20.40		
City Concord	State NC	Zip Code 28205	Transaction ID : ac7596a5-c5b2-4a10-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
District: <u>00</u> State: <u>NC</u>					
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 738 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 910 E Elm St			Amount 27.50		
City Salina	State KS	Zip Code 67401	Transaction ID : ca545eb5-00bb-46a8-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 910 E Elm St			Amount 2.40		
City Salina	State KS	Zip Code 67401	Transaction ID : 803f68ee-474f-434f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.90		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 739 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 3002 Darden Rd Apt A			Amount 45.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 922b601d-cc1d-4a3d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittany Jones			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 338 Wayne Drive			Amount 5.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 77f6d141-cfff-4d19-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 600 W Vine Ave		Amount 70.00	
City	State	Zip Code	Transaction ID : 49c7c7ca-ba9a-4b79-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 936 S Cypress		Amount 45.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : 8790dbfb-251a-4d54-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		75.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 742 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4545 S Gold		Amount 45.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 572e339e-865d-4c79-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 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4545 S Gold		Amount 4.80	
City Wichita	State KS	Zip Code 67217	Transaction ID : 0903e9ed-34e8-4fb0-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

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

Signature

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 286 Wrenn Drive		Amount 25.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : e1b36b31-05ff-48c9-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount Amount 25.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 12c6d6e4-ef6c-44d1-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 745 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 314 Tumbleweed Dr			Amount 3.00		
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 0cc2f263-22c4-40fa-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9425 Jessica Drive			Amount 32.50		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 009b8fa9-a588-4a05-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 746 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9425 Jessica Drive			Amount 7.80		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 9a8c8cc7-03e4-45b8-b Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 70.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : ef82c919-b8cc-403c-b Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 747 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 5.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : 22162f14-e4e6-4c1d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 200 Carawood Lane			Amount 47.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : ffd89fb3-dd2e-4f22-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : b220c416-7af9-437f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 749 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 3.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : ff24c7b7-01ea-46a4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 4106 Martha St			Amount 30.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 5d614383-1436-4459-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 750 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 4106 Martha St		Amount 7.50	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 02bdeb17-feb4-4065-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 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2183 Spokane Rd		Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 5850f79a-bf40-4b8a-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 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 1df4706d-06e2-4f9e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1809 N Woodlawn		Amount 85.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : d373d0bc-158e-437e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Other (specify) ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2319 West Oak		Amount 20.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 250ad4b2-a336-452f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	286951.71		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 6418 East 12 St			Amount 30.00		
City Wichita	State KS	Zip Code 67206	Transaction ID : 65edbede-2ec0-432c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.16
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 755 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 6418 East 12 St			Amount 6.60		
City Wichita		State KS	Zip Code 67206		Transaction ID : 6a93dbb2-bd86-4faa-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 110 W Pecan St			Amount 55.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 30843f07-4f5f-45ef-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 756 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 110 W Pecan St			Amount 36.30		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 489ea902-caaf-42ad-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 90.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 827c2ead-b5be-4d2e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.30		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 757 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 60.30		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 1a8cb945-37c6-420b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : da58ae3c-a97a-4657-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			140.30		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 758 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2800 Shirlington Road 9th Floor		Amount 100000.00	
City Arlington	State VA	Zip Code 22206	Transaction ID : 36507719-3b11-4fe5-8
Purpose of Expenditure Mailer	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 24.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 73dfc502-ab80-4871-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		100024.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 759 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 8.10		
City Little Rock		State AR	Zip Code 72205		Transaction ID : a1fee2b5-f4c1-4f0b-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 2800 Shirlington Road 9th Floor			Amount 53977.55		
City Arlington		State VA	Zip Code 22206		Transaction ID : 65c47005-532a-4080-8
Purpose of Expenditure Mailer		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53985.65		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 760 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee FP1 Strategies, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address P.O. Box 16504			Amount 20000.00		
City Alexandria		State VA	Zip Code 22302		Transaction ID : 4f142d72-0a56-4cf4-b
Purpose of Expenditure Digital Ads		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : aee39aae-4b3d-47d9-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20080.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 211 Dixie Ave		Amount 45.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b1de2643-b2f6-442f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 762 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 2.33	
City Eudora	State KS	Zip Code 66025	Transaction ID : fc19d8ea-0a21-4425-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : ec8cf798-bc51-4516-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		22.33	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 763 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 6.54	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 48e13406-8054-47b9-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 71af70f4-f878-47bb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			86.54	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 121 Meadowview Drive		Amount Amount 30.00	
City Boone	State NC	Zip Code 28607	Transaction ID : d8b3dbd1-6c73-4764-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f9d2b564-86c5-4159-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 766 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 3.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : f1cf5e18-1485-40d0-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c4630bf2-1646-499c-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 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1057 Waldron Road		Amount 20.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 6d9ebce4-b543-4179-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 768 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 56893 S 695 rd			Amount 20.00		
City Colcord		State OK	Zip Code 74338		Transaction ID : 73a186c7-c8c9-4b8a-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 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			286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 56893 S 695 rd			Amount 8.40		
City Colcord		State OK	Zip Code 74338		Transaction ID : cb678dae-eb83-4ba2-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 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			286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					28.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.56	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 77a6b8b9-de29-47ee-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.56
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 204 W 9th St		Amount 12.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : f956441d-c8e5-4edb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 771 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 782cf427-423a-495e-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 12.63	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 5083b7b9-3fd7-4beb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.63	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 15.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 27ffd523-3706-4621-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		80.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 773 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 1103 West Wilson Street		Amount 65.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 5f7949d3-cd8d-411b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 1103 West Wilson Street		Amount 22.20		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4341d76d-3011-43ce-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 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		87.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount Amount 17.50	
City Topeka	State KS	Zip Code 66614	Transaction ID : 56b8875c-65d6-47d2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 88136cd7-02d4-4d0f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 776 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address PO Box 398			Amount 70.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : a407de1b-16f3-4880-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address PO Box 398			Amount 63.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : f3375d58-1482-454a-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			133.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 777 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 25.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 8c13b49e-557f-46de-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 3.03	
City Lecompton	State KS	Zip Code 66050	Transaction ID : a2fb6bb6-cf20-4b38-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			28.03	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1900 Glen West Way		Amount 115.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 8c75943f-5210-49f7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits above it:

- 11: M M
- 24: D D
- 2014: Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 779 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 904e7132-72a5-4940-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 28.80	
City Searcy	State AR	Zip Code 72149	Transaction ID : 3d43bc10-547c-4a59-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Southwest Airlines			Date of Public Distribution/Dissemination 10 20 2014		
Mailing Address PO BOX 35547-1CR			Amount 529.25		
City Dallas	State TX	Zip Code 22302	Transaction ID : bec4736f-127a-4359-a		
Purpose of Expenditure Travel		Category/Type 004	Date of Disbursement or Obligation 10 20 2014		
Name of Federal Candidate Ann Kuster			Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 53317.37			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 21 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 44.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : 372250f7-a226-4657-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 21 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			573.25		
(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 <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 24 2014		

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 14.10	
City Wichita	State KS	Zip Code 67216	Transaction ID : 15184d0a-88f0-468e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Southwest Airlines		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address PO BOX 35547-1CR		Amount 529.25	
City Dallas	State TX	Zip Code 22302	Transaction ID : 0266f8d3-fb72-4c0a-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Travel		Category/ Type 004	
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate
		District: <u>02</u> State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		1016.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	543.35
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 7.80		
City Mandeville	State LA	Zip Code 70471	Transaction ID : e70bc582-6964-4cd5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 784 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 55c8ccd3-bc6a-460d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Residence Inn			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 91 Hall St.			Amount 75.75	
City Concord	State NH	Zip Code 03301	Transaction ID : d840c77a-6af2-480c-b	
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			145.75	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 785 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Residence Inn			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 91 Hall St.			Amount 75.75		
City Concord		State NH	Zip Code 03301		Transaction ID : fe2d4cf1-de29-4d3d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Travel		Category/ Type 004			
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			1016.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Capitol City Cab, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address PO Box 730			Amount 10.25		
City Concord		State NH	Zip Code 03302		Transaction ID : 96237dc1-f534-4417-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Travel		Category/ Type 004			
Name of Federal Candidate Ann Kuster			☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			53317.37 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 786 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Capitol City Cab, LLC			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address PO Box 730			Amount 10.25	
City Concord	State NH	Zip Code 03302	Transaction ID : ae96f47e-c16d-4415-b Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Travel		Category/ Type 004		
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		1016.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Panera Bread			Date of Public Distribution/Dissemination 10 / 20 / 2014	
Mailing Address 75 Fort Eddy Road			Amount 6.91	
City Concord	State NH	Zip Code 03301	Transaction ID : 015d14b2-abcb-4c20-9 Date of Disbursement or Obligation 10 / 20 / 2014	
Purpose of Expenditure Travel		Category/ Type 004		
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			17.16	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 787 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Panera Bread			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 75 Fort Eddy Road			Amount 6.91		
City Concord		State NH	Zip Code 03301		Transaction ID : 44ccbd7a-1d93-4831-b
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought			1016.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 3 Girard			Amount 120.00		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : c1b0cfd8-817b-415b-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			126.91		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Capitol City Cab, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address PO Box 730		Amount 34.50	
City Concord	State NH	Zip Code 03302	Transaction ID : 3a74daad-c2fd-449e-b
Purpose of Expenditure Travel	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Name of Federal Candidate Ann Kuster	☐ Support ☒ Oppose	Office Sought: ☐ President ☐ Senate	☒ House District: 02 State: NH
Calendar Year-To-Date Per Election for Office Sought	53317.37	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	



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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Capitol City Cab, LLC			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address PO Box 730			Amount 34.50		
City Concord		State NH	Zip Code 03302		Transaction ID : 894f8d2e-6376-4eab-9
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u> ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee CVS			Date of Public Distribution/Dissemination 10 / 20 / 2014		
Mailing Address 4 Hall Street			Amount 15.40		
City Concord		State NH	Zip Code 03301		Transaction ID : 2fd50836-cc7c-4663-8
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation 10 / 20 / 2014	
Name of Federal Candidate Ann Kuster			Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u> ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014 [Electronically Filed]		

Full Name of Payee Hotels.com		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 20 / 2014	
Mailing Address 5400 LBJ Freeway Suite 500		Amount 54.72	
City Dallas	State TX	Zip Code 75240	Transaction ID : 958b898f-788f-4375-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Travel		Category/ Type 004	
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House ☐ Senate ☐ President
		District: 02 State: NH	
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 791 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hotels.com			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014		
Mailing Address 5400 LBJ Freeway Suite 500			Amount 54.72		
City Dallas		State TX	Zip Code 75240		Transaction ID : d35f046b-1989-4ab3-8
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose		Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH
Calendar Year-To-Date Per Election for Office Sought			1016.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury		State NC	Zip Code 28147		Transaction ID : e3d2811b-9e5e-4251-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.72		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Enterprise		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 20 / 2014	
Mailing Address 1 Airport Road		Amount 34.91	
City Manchester	State NH	Zip Code 03103	Transaction ID : 9e5fddf0-5737-4745-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 20 / 2014
Purpose of Expenditure Travel		Category/ Type 004	
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House ☐ President ☐ Senate District: 02 State: NH
Calendar Year-To-Date Per Election for Office Sought		53317.37	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	157.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 793 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Enterprise			Date of Public Distribution/Dissemination / / 10 / 20 / 2014		
Mailing Address 1 Airport Road			Amount 34.91		
City Manchester		State NH	Zip Code 03103		Transaction ID : 6de53875-1af4-438e-9
Purpose of Expenditure Travel		Category/ Type 004		Date of Disbursement or Obligation / / 10 / 20 / 2014	
Name of Federal Candidate Marilinda Garcia			☒ Support ☐ Oppose		Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 1016.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address 407 randall Dr			Amount 75.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 2456154c-dcb7-4164-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 21 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					109.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date / / 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 794 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 407 randall Dr			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 10955b47-e187-4738-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 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 1410 Bushville Dr			Amount 45.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 682e990e-3ac5-4975-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 10 / 21 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 795 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1410 Bushville Dr			Amount 14.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e09f8d50-c3a2-456e-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address P.O. Box 712			Amount 85.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : dc2de96d-1a8c-4ab3-9 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99.40	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address P.O. Box 712			Amount 35.10		
City Alexander	State AR	Zip Code 72002	Transaction ID : 9cf715e4-b40c-40a9-8 Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : f460fd53-3844-42aa-8 Date of Disbursement or Obligation 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b30c7544-60fc-4a94-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 543 S 2nd St		Amount 70.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : e31eafa8-cac2-47db-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 543 S 2nd St		Amount 4.80	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 5ade1808-fff0-4abc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 799 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 29637 Park St			Amount 42.50	
City Walker	State LA	Zip Code 70785	Transaction ID : e088e15d-894b-4dbb-8 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 29637 Park St			Amount 16.20	
City Walker	State LA	Zip Code 70785	Transaction ID : 0f3dcf96-afd0-4093-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.70	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 60.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c60e420e-575d-48fb-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 5.94	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 83f13831-bc00-44ba-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	65.94
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4691 Hercules Lane		Amount 80.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 73c2a308-64b3-4a4a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 629 Radiance Ave		Amount 50.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 6177d2fa-8447-4278-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 802 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 629 Radiance Ave		Amount 3.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 3ef50e41-2daa-4104-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1436 Haigs Creek Dr		Amount 80.00
City Elgin	State SC	Zip Code 29045
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9d190ac8-04d6-4eca-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 286951.71		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 803 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 35.88		
City Elgin	State SC	Zip Code 29045	Transaction ID : 0f19f95d-1615-46da-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 18065 Wayne Rd			Amount 80.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : b8ff4f8a-042e-4fe7-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.88		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 804 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 30.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 27157512-e39e-4cc1-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 19.02		
City Searcy	State AR	Zip Code 72143	Transaction ID : 6735f8a1-d94f-45de-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 805 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 / / 10 / 21 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 85.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 88293de0-df91-49bc-8 Date of Disbursement or Obligation / / 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 13.20		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5054f66a-e415-42ec-8 Date of Disbursement or Obligation / / 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 98.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 806 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2121 Daniel Dr			Amount 105.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8498e312-c3dc-4e97-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2121 Daniel Dr			Amount 70.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : e6a50fe8-f44b-452e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			175.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2121 Daniel Dr		Amount 70.20	
City	State	Zip Code	Transaction ID : 85dc5a2a-4b39-4d96-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	175.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Lucas H Hoyle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 282 Falls Ave		Amount 12.90	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 7f07b249-04c9-4c98-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 809 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2506 Bolch Street			Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : bc173c92-ac2f-4fab-9 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2506 Bolch Street			Amount 54.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 4be9611b-8fb5-4aa8-b Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3300 Asher Ave		Amount 90.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 775f9abd-6132-4e81-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		170.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 3300 Asher Ave		Amount 37.80	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1f25adb3-d7db-400f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 250 JS Brewton rd		Amount 60.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 8c17962d-6092-4acd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	97.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 101 Asbury Ct			Amount 90.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 31e1aebe-00be-4a43-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 813 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 905 Lake Drive			Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 5eb053ce-35ce-44a5-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 905 Lake Drive			Amount 18.30	
City Shelby	State NC	Zip Code 28152	Transaction ID : 09df86af-bcee-4f42-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.30	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 814 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1001 N Prospect			Amount 60.00		
City Liberal	State KS	Zip Code 67901	Transaction ID : 820ab07e-0fc4-4ecb-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1001 N Prospect			Amount 1.50		
City Liberal	State KS	Zip Code 67901	Transaction ID : 1840db63-19b3-401f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014		
Signature					

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 448 Judson Dr		Amount MM / DD / YYYY 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 95e96c67-eee5-4782-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	MM / DD / YYYY 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

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

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 816 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 448 Judson Dr			Amount 3.60	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 84481a04-d9ac-43d9-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tylan S Green			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 2320 Saint Nick Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : c59d7c60-1fc9-4912-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.60	
(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 11 / 24 / 2014

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4310 N Mission Rd		Amount Amount 44.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 17f4175c-cd09-4a9a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 818 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 4310 N Mission Rd		Amount 11.70
City Bel Aire	State KS	Zip Code 67226
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 5f00cfac-551e-4483-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1025 Cayley Ct		Amount 115.00
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e8d21c7c-0039-4724-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	126.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : c77dc6f6-dc10-4b67-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 820 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 11.10	
City New Orleans	State LA	Zip Code 70126	Transaction ID : d54c23c9-c36a-48a6-8 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1025 Cayley Ct			Amount 110.00	
City High Point	State NC	Zip Code 27260	Transaction ID : e92be138-5d94-46a6-a Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			121.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 4902 Catawba Dr		Amount 112.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b72552ad-ff4d-4381-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1650 1360 1656"> <tr> <td data-bbox="1122 1650 1360 1656">135.90</td></tr> </table>	135.90
135.90		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1656 1360 1661"> <tr> <td data-bbox="1122 1656 1360 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1661 1360 1669"> <tr> <td data-bbox="1122 1661 1360 1669"></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 70.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 8e42a762-e2ac-43fb-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

Signature

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1700 E Part Ave		Amount 38.50	
City	State	Zip Code	Transaction ID : f2b844cf-6e97-48fd-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		66.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 824 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1700 E Part Ave		Amount 23.58
City Searcy	State AR	Zip Code 72149
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : b6f16a38-b058-411c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1731 Frenchmen St		Amount 50.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 5e214112-f1bd-4b78-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	73.58
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 308 West Main Street		Amount 29.01	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : bd6e81ce-472a-4111-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		139.01
(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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 826 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 308 West Main Street			Amount 110.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 32959faf-1365-4260-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 13827 S E 44th St			Amount 60.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 2c98415a-5325-4bdb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 827 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 13827 S E 44th St		Amount 45.30	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 2878d222-f0e8-4a6a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1003 W 5th St		Amount 15.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : f3f59517-4496-4855-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		60.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 828 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 1003 W 5th St		Amount 1.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 230879c1-3464-4ecb-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Darius Beverly		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 157 Bishop Drive		Amount 90.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 0dab7b0e-1cc4-4bff-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 10 / 21 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		91.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 804 Roundabout Circle			Amount 105.00		
City	State	Zip Code	Transaction ID : 8c9a8cb5-90e3-4359-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 157 Bishop Drive		Amount 90.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 38886eb1-fbfd-441d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	195.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 831 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 8e0d31f2-782b-4a7e-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Mailing Address 100 ASBURY CT		Amount 75.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 813840e3-4674-49c8-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe8cd17a-de88-4d46-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 08fb5362-4de0-4e2c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Date _____

Signature

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 7 Bards Lane		Amount 12.90	
City Fletcher	State NC	Zip Code 28732	Transaction ID : b3574f24-8b9a-4093-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 834 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 5520487c-27c0-4ee6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 93f0ded1-86a2-4b9f-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 835 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 1703 Torrey Pines Ct			Amount 70.00		
City Reston State VA Zip Code 20190		Transaction ID : 0468ba78-2c30-459c-9			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 44 Bell St			Amount 50.00		
City Spruce Pine State NC Zip Code 28777		Transaction ID : f893bcfe-1c2f-454a-b			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1851 S Laura St		Amount 20.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 051dd721-4f36-45d1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		38.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Date _____

Signature

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : aa325b3c-e127-4b9c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Cynthia E Matson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 7101 E 69th St N		Amount 10.00	
City Valley Center	State KS	Zip Code 67147	Transaction ID : 08c2eed9-b82e-4afd-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 839 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia E Matson			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 7101 E 69th St N			Amount 1.80	
City Valley Center	State KS	Zip Code 67147	Transaction ID : ed409cd5-7ef7-4f72-8 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 211 N Ashley Park			Amount 15.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : bedcda37-f8ab-4091-9 Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.80	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 840 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014		
Mailing Address 211 N Ashley Park		Amount 1.80		
City Wichita	State KS	Zip Code 67212	Transaction ID : f8002a37-0cbf-4492-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 30217 Crook Rd		Amount 27.50		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 1fc5f930-e793-4f53-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	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.				
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 841 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 30217 Crook Rd			Amount 17.40		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 9a5d6da1-d10f-4643-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 30217 Crook Rd			Amount 52.50		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 7c031df6-ee65-458e-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 842 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Avery Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 30217 Crook Rd		Amount 14.10
City Cleveland	State MO	Zip Code 64734
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 1b0877a0-cef1-461b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ren W Dasher		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1414 Edgemoor Dr		Amount 40.00
City El Dorado	State KS	Zip Code 67042
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3240c52e-c3b7-4858-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Ren W Dasher		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 19.50	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 543ad4a7-69e0-4f03-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 915 East Market Ave		Amount 60.00	
City	State	Zip Code	Transaction ID : 77e5daf4-53d0-4fb1-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	79.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 106 Ridge Trail		Amount 55.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : 586153db-592e-4b14-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: KS ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 845 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination 10 / 20 / 2014
Mailing Address 106 Ridge Trail		Amount 13.50
City Boerne	State TX	Zip Code 78006
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : ea1a7b90-c48f-4083-a Date of Disbursement or Obligation 10 / 20 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination 10 / 21 / 2014
Mailing Address 106 Ridge Trail		Amount 69.50
City Boerne	State TX	Zip Code 78006
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 1ab5df0f-95f4-4a39-8 Date of Disbursement or Obligation 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

11 / 24 / 2014

Signature

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 9d65cfbf-cec0-4bd6-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 847 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : dae34ade-0d1b-460b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 7.80	
City Morganton	State NC	Zip Code 28655	Transaction ID : a2d29fda-bb10-47fa-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 848 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 33.30	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2ce9b52e-d6bb-4513-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 12.06	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 5a244138-a4f4-44e4-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.36	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1001 N Prospect		Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : ac7dd20c-bdc2-44c4-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1001 N Prospect		Amount 22.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : a6d032be-e5c0-4ac4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'M M' and value '11'. The second register has address 'D D' and value '24'. The third register has address 'Y Y Y Y' and value '2014'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 850 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cebrina Ford			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 201 E Mt Vernon			Amount 70.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 9ee78e5a-2da4-40f0-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 201 E Mt Vernon			Amount 70.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 13d24175-7faa-459a-a Date of Disbursement or Obligation 10 / 21 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 851 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 201 E Mt Vernon			Amount 8.40	
City Wichita	State KS	Zip Code 67211	Transaction ID : 0dcf9474-9454-4784-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 33.30	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 18b33640-c43c-4690-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.70	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 852 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 30.00		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : f6929a63-b6d8-44ac-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 14.97		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : 83ef3518-8f28-4782-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.97		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 853 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address 30217 Crook Rd			Amount 27.50		
City Cleveland	State MO	Zip Code 64734	Transaction ID : da6ae962-9fd5-4ea9-a Date of Disbursement or Obligation / / 10 / 21 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination / / 10 / 21 / 2014		
Mailing Address 30217 Crook Rd			Amount 17.40		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 99f9fb71-cccd-4086-9 Date of Disbursement or Obligation / / 10 / 21 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 44.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 854 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 30217 Crook Rd			Amount 27.50		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 558acdb3-990b-469e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 21 / 2014		
Mailing Address 30217 Crook Rd			Amount 14.28		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 452c47ef-b36f-4236-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.78		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 184 South Military Rd		Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : 58c8801d-65c4-42af-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 856 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1510 Bailey St		Amount 80.00
City West Monroe	State LA	Zip Code 71292
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cc01108d-28ca-4be6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014
Mailing Address 9901 Floyd St		Amount 30.00
City Overland Park	State KS	Zip Code 66212
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cb13bcea-eeed-4c22-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 9901 Floyd St		Amount 6.60	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 74040efb-cb05-4eb2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 105 South Dale St		Amount 65.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 27452261-c569-474b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 30.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 7f38eac4-25cb-4080-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 995 Clairborne Rd		Amount 8.10	
City Calhoun	State LA	Zip Code 71225	Transaction ID : d2c53feb-e1cc-44c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 860 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5521 Randolph St.			Amount 20.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 5b7c728a-b9eb-4057-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5521 Randolph St.			Amount 1.80		
City Marrero		State LA	Zip Code 70072		Transaction ID : 03d103ea-93ee-4060-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 861 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2207 SE 64th St			Amount 30.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : ba8cfb83-63f6-4a26-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2207 SE 64th St			Amount 3.81	
City Topeka	State KS	Zip Code 66605	Transaction ID : 82067299-234f-4e0e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 9.30	
City Belmont	State NC	Zip Code 28012	Transaction ID : 6e9e5c16-cd20-4c4c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	69.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 30.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 489ab5e2-48be-43af-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		256632.98			

Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 3.30		
City Lecompton	State KS	Zip Code 66050	Transaction ID : aba7ef19-c69b-43a0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 864 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5521 Randolph St			Amount 30.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : db120228-f42a-4936-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address PO Box 37			Amount 35.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 9928528f-43b1-4788-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 865 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address PO Box 37			Amount 10.80		
City East Bend		State NC	Zip Code 27018		Transaction ID : 43c15cf0-7419-4701-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address PO Box 37			Amount 35.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : e4e350cf-47e3-4ce9-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 866 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 6108 Harkins Ave			Amount 80.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 7748ec85-8c89-4256-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 6108 Harkins Ave			Amount 29.10	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 02672177-ac02-4f79-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.10	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 867 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1410 Bushville Dr			Amount 45.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : fa2740f6-5eef-4ab3-9 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1410 Bushville Dr			Amount 15.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : dc7b982a-94de-4005-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 868 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3041 SW Burlingame Rd			Amount 35.00	
City Topeka	State KS	Zip Code 66611	Transaction ID : cbd98f58-c877-4e38-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3041 SW Burlingame Rd			Amount 8.70	
City Topeka	State KS	Zip Code 66611	Transaction ID : 71bfd74b-aa8a-4863-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 869 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4310 N Mission Rd		Amount 35.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : ef211a9b-26b8-46cb-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4310 N Mission Rd		Amount 7.59	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : d428a65e-98fc-4892-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.59
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1903 Swan Dr		Amount 9999999999 4.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7bdbec38-5aba-4f92-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		9999999999 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 20.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 65d66828-c8f4-4078-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 6.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 78f30517-e7c6-4b43-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		286951.71	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 872 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 211 Dixie Ave			Amount 35.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : 926750cc-03f1-4c4d-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 199 Raven Circle			Amount 53.80		
City Wilkesboro		State NC	Zip Code 28697		Transaction ID : 037fcc36-93fb-4137-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9901 Floyd St		Amount 35.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 879fb616-9186-498b-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.71
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 874 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 9901 Floyd St			Amount 7.80		
City Overland Park		State KS	Zip Code 66212		Transaction ID : 1461e439-30a1-493b-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address Split Oak Drive			Amount 71.50		
City charlotte		State NC	Zip Code 28227		Transaction ID : 06b371ef-b3c9-4e46-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 875 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address Split Oak Drive			Amount 17.49		
City charlotte	State NC	Zip Code 28227	Transaction ID : 780d1e90-fd52-4321-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 75.00		
City Picayune	State MS	Zip Code 39466	Transaction ID : dd1b6b5d-91df-4d44-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.49		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 876 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 34.20		
City Picayune		State MS	Zip Code 39466		Transaction ID : e0c2a988-7454-4723-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 416 Vine Dr			Amount 70.00		
City Lawrence		State KS	Zip Code 66049		Transaction ID : 1168b28e-2e01-4567-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 877 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 416 Vine Dr			Amount 14.40	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 42af6e80-0673-48f0-a Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malissa A Arsnoe			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3301 N First St			Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 5a1e0bd6-8adf-432e-8 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			24.40	
(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 11 / 24 / 2014

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 109 Essex Cv		Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 59780b5c-a5cb-4c96-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 879 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 109 Essex Cv		Amount 1.20	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 5293ab23-3dfc-491a-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James A Sears		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 305 Averroe Dr		Amount 35.00	
City Apex	State NC	Zip Code 27502	Transaction ID : 4a06d900-93a6-405f-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 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 880 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2134 Oxford Dr			Amount 30.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 04fff7a9-6e9e-4e88-8 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2134 Oxford Dr			Amount 0.76	
City Salina	State KS	Zip Code 67401	Transaction ID : a9f1aaaf-8016-4e0b-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.76	
(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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 881 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4429 Lagan Circle			Amount 18.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 39109847-be71-407f-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1110 N Coolidge			Amount 92.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f86e26e2-0338-4508-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 882 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1110 N Coolidge		Amount 14.91
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : bbca83f5-e61c-499e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 92.50
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e074bb99-bb97-4557-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	107.41
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 883 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 14.91		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 7a40df85-d835-4f89-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 415 E Carroll			Amount 30.00		
City Macomb		State IL	Zip Code 61455		Transaction ID : 577593a0-3212-4bbd-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.91		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 884 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 9653 Nations Dr			Amount 30.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : b8ff0c08-4456-4abd-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2704 E Glen Oaks Dr			Amount 35.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 83c56bec-72b9-42a7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 885 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 12.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 8744b7a5-fa17-4b29-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kayla T Royce		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 500 Lakeview Dr		Amount 30.00	
City Huntsville	State AR	Zip Code 72740	Transaction ID : 0079ab52-931c-42b1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 19762 Waldon Rd		Amount 30.00	
City Rogers	State AR	Zip Code 72756	Transaction ID : 55f09d85-9869-42cf-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Elizabeth H Newlun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 19762 Waldon Rd		Amount 9.60	
City Rogers	State AR	Zip Code 72756	Transaction ID : 045ed5ac-16c2-40a6-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 9653 Nations Dr			Amount 30.00		
City Springdale		State AR	Zip Code 72762		Transaction ID : ae87a203-bf76-4f32-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 9653 Nations Dr			Amount 11.10		
City Springdale		State AR	Zip Code 72762		Transaction ID : edfaa4f3-b598-4e7b-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 888 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Erissia Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 11005 Oak Forest Pkwy Dr Apt F		Amount 20.00	
City Saint Louis	State MO	Zip Code 63146	Transaction ID : 853640e3-c45f-44ff-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 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 45.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 7f8f9607-9835-4db0-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 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 889 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 12062 NC 902 Hwy			Amount 13.20		
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 61d3067f-ec0f-4fea-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 55.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : f0956f7c-7333-4322-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.20		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 890 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 4b983b1c-4957-4745-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 20.70	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 40c549ea-ad1d-4a2b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		80.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 308 West Main Street		Amount 15.96	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : f2d71882-94da-4c95-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 892 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 308 West Main Street			Amount 62.50	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : 921c8d0b-3fca-4ec2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 605 W Houston St			Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 499b952f-e816-438a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 893 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 605 W Houston St			Amount 50.40	
City Marshall	State TX	Zip Code 75633	Transaction ID : b73b9398-4ac0-4d0b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1003 W 5th St			Amount 32.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : d6e42cc6-1eff-4ee1-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			82.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Chad E Day		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 168 Emerald Hill		Amount 120.00	
City Forest City	State NC	Zip Code 28043	Transaction ID : 9fc0796d-72c4-422c-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 502 N Oak St		Amount 15.60	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0670ec8f-9d56-4746-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 896 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 13.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 27825a89-c139-4117-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 48dfbdc-d-c8c6-40fb-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 897 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5827 Brighton Pl			Amount 5.00		
City New Orleans		State LA	Zip Code 70131		Transaction ID : 71dd0275-afba-4b41-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 63.30		
City Boomer		State NC	Zip Code 28606		Transaction ID : 70312a8f-e439-4b09-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 68.30					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3300 Asher Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : fe92b500-06b8-4ea8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other
District: <u>00</u> State: <u>NC</u>		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.86
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 899 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3300 Asher Ave			Amount 30.60		
City Little Rock		State AR	Zip Code 72204		Transaction ID : 3b3b73e7-0cc7-4fea-9 Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 57.50		
City Cary		State NC	Zip Code 27519		Transaction ID : 4f74850c-600c-463f-b Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought			1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan			[Electronically Filed]		
Signature			Date 11 / 24 / 2014		

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 110 Bridge gate Dr		Amount MM / DD / YYYY 11 / 25 / 2014	
City Cary	State NC	Zip Code 27519	Transaction ID : 6a5e6c03-0d4f-4026-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 106 Hillside St		Amount 112.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 2566988e-be52-4a8e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		123.75
(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.

Date _____

Signature

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 106 Hillside St		Amount 58.41	
City Spindale	State NC	Zip Code 28160	Transaction ID : 700a54f2-33c4-4012-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 65.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : dbc6976b-2185-4907-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 1095839.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.41
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 902 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 7.20	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 18236b22-71ad-4fca-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 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 44 Bell St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e0794134-47f9-4eeb-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		57.20	
(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 11 / 24 / 2014	

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount Amount 50.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2df0d65a-c1c0-4845-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 915 East Market Ave		Amount 79.80	
City	State	Zip Code	Transaction ID : d2abbc5d-7317-4579-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	179.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 13.80	
City Wichita	State KS	Zip Code 67204	Transaction ID : 2b170f74-2bcc-4736-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 15.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : f629bf28-5e5c-4b23-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1222 SE 44 St		Amount 50.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 6b8481bd-eeb7-433a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 908 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 Catherine Toburen			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 1222 SE 44 St			Amount 3.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : 09bfba0f-1d7a-4311-9 Date of Disbursement or Obligation / / 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 402A N 10th St			Amount 20.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : bf7fc523-d05f-477b-9 Date of Disbursement or Obligation / / 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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. <i>Ms. Emily Buchanan</i> [Electronically Filed] Date / / 11 / 24 / 2014 Signature _____					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 909 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 402A N 10th St		Amount 1.50	
City Manhattan	State KS	Zip Code 66502	Transaction ID : a039399c-617c-4a5f-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 510 Haymaker Hall		Amount 20.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 79ec02f8-c9d1-4b59-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		21.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 910 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 510 Haymaker Hall			Amount 1.50		
City Manhattan	State KS	Zip Code 66506	Transaction ID : 45eced1c-cf8b-4188-9 Date of Disbursement or Obligation / / 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Brittany Jones			Date of Public Distribution/Dissemination / / 10 / 22 / 2014		
Mailing Address 338 Wayne Drive			Amount 5.00		
City Shreveport	State LA	Zip Code 71105	Transaction ID : 79cfe440-415e-48c4-8 Date of Disbursement or Obligation / / 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 6.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 6412 Osage Dr		Amount 6.60	
City North Little rock	State AR	Zip Code 72116	Transaction ID : edfb18b9-0365-4d19-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 912 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : e118d995-c9fb-408e-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 205 Medallion Circle			Amount 61.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : c2afe69e-5e7b-4869-9 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.20	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 913 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 103 Glenhaven Ct		Amount 80.00
City Harvest	State AL	Zip Code 35749
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 978876b2-5db7-417d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 103 Glenhaven Ct		Amount 22.20
City Harvest	State AL	Zip Code 35749
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 44df9715-bf60-43d0-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	102.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 914 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 22 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 20.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 169fb7d8-2fde-418d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 22 2014
Purpose of Expenditure Salary	Category/Type 001		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 22 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 7.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 576ccb0f-f1b0-4c45-a Date of Disbursement or Obligation MM / DD / YYYY 10 22 2014
Purpose of Expenditure Mileage	Category/Type 002		
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		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

 MM / DD / YYYY

11

24

2014

Signature

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 12dcaa8e-135f-4b58-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 916 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination 10 / 22 / 2014
Mailing Address 9685 Paula St		Amount 95.00
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : bb98734b-598e-476e-b Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination 10 / 22 / 2014
Mailing Address 9685 Paula St		Amount 34.50
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 463cf5c4-95bd-4e64-b Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	129.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

11 / 24 / 2014

Signature

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 110 W Pecan St			Amount 34.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c7d91eb0-b406-4300-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 59efc32b-a99d-4f28-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 1be1c4b1-da58-4265-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 919 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 9685 Paula St		Amount 29.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 20c1ddd2-9d12-44e8-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 409 LaSalle Drive		Amount 75.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : b39d7a40-4038-4538-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		104.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 920 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 409 LaSalle Drive			Amount 60.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : febe8abe-ee59-41a1-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4106 Martha St			Amount 70.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : d9f59635-b06f-46f1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 28dfce49-572d-489e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 200 Carawood Lane		Amount 50.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : b12325a7-f6ee-4c59-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 923 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 200 Carawood Lane		Amount 20.40	
City Lexington	State NC	Zip Code 27295	Transaction ID : fc5ce1ae-289a-4144-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 407 randall Dr		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3a41465f-61ce-482b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		100.40	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 925 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 9425 Jessica Drive			Amount 6.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : e6e8dc03-3a14-436f-a Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 7650 Fallswood Way			Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 01f30336-694b-4666-9 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			36.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 926 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 600 W Vine Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e9732f84-c2ce-41b8-8 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 600 W Vine Ave			Amount 36.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 77168129-a95b-42f8-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 927 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Reaghan Waites		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 9805 St Stephens Ct		Amount 15.00	
City Raleigh	State NC	Zip Code 27615	Transaction ID : ff84e9ea-88e6-4541-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Reaghan Waites		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 9805 St Stephens Ct		Amount 1.50	
City Raleigh	State NC	Zip Code 27615	Transaction ID : 9ad6b30a-824c-4ca0-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 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		16.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 928 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 6610 Walcott Rd		Amount 55.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 8c8b7963-50cb-4652-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 6610 Walcott Rd		Amount 12.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 280a7185-c0e7-4098-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of 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
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 929 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 924 N. Prieur St		Amount 70.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 6393f286-54bc-4edd-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 10 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 924 N. Prieur St		Amount 13.50		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 077a1c97-6fa8-46d3-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		298625.67	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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 930 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 112 apache Dr			Amount 55.00	
City Search	State AR	Zip Code 72149	Transaction ID : 275b0357-eaf0-4991-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 112 apache Dr			Amount 12.00	
City Search	State AR	Zip Code 72149	Transaction ID : 023f4211-3a7b-4775-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 8822 Apple St		Amount 70.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : eea426ee-5ce3-4903-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 101 Durham Drive		Amount 30.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 428479f6-c02e-4f0b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr><td data-bbox="1102 1501 1364 1507">43.50</td></tr> </table>	43.50
43.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr><td data-bbox="1102 1507 1364 1512"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr><td data-bbox="1102 1512 1364 1520"></td></tr> </table>	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 101 Durham Drive		Amount 7.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : f56e09c5-2246-486f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sandra H Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 5828 Rena Road		Amount 70.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : cf6bbb1b-5cdf-475f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 934 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5828 Rena Road			Amount 20.70		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : a74f5fe0-b353-45fe-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 915 E Market Ave			Amount 40.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 9520d894-913d-4d13-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 935 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 915 E Market Ave			Amount 20.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : 983d1357-6fc1-424d-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 70.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : c5047d81-02de-47d8-9 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 936 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 2090 Fancy Gap Rd			Amount 12.84		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d92730a7-602f-40f4-8 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 2121 Daniel Dr			Amount 85.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 68980407-49ec-4b57-b Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 2121 Daniel Dr			Amount 39.90		
City	State	Zip Code	Transaction ID : 588b5fb4-187c-4886-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1410 Bushville drive		Amount 80.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : d8cdb304-6939-45c1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	119.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 939 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address P.O. Box 712			Amount 80.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : 86f64bb4-5792-4bd4-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 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		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address P.O. Box 712			Amount 44.40		
City Alexander		State AR	Zip Code 72002		Transaction ID : 08170195-7bb2-4a03-a
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 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		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 940 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 101 Asbury Ct		Amount 90.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : f85acb4b-b2fc-4303-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 5003 Allison Lane		Amount 60.00		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 7c0dea40-4057-4bf1-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014		
		[Electronically Filed]		

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3 Girard		Amount 120.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : ebe0ab15-acb9-4c20-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Signature

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 7 Bards Lane		Amount 18.30	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 893e5a03-c291-42ab-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 943 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 35.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 2e66f536-2c97-4f57-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 20.10	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 2a6b9075-eff4-4370-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3 Girard St		Amount 17.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 3a648f80-1326-4cfe-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 945 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 910 E Elm St			Amount 10.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 01dc97c8-25cc-4406-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 910 E Elm St			Amount 1.20	
City Salina	State KS	Zip Code 67401	Transaction ID : 9ba36412-4d26-4ac3-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 3 Girard			Amount 70.50		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 889cde2b-0adf-4c54-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td>190.50</td></tr> </table>	190.50
190.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td></td></tr> </table>	

Signature

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 121 Ohara Dr			Amount 120.30		
City Salisbury	State NC	Zip Code 28147	Transaction ID : a565af9b-df9b-46cb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	190.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 35.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : bb109e22-d9d4-4bce-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.41	
City Lafayette	State LA	Zip Code 70503	Transaction ID : eb6a2392-f15f-4566-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.41
(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.

Date / /

Signature

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 3007 Darden Rd		Amount 15.90	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e94e92aa-c5ef-4eec-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Stephanie L Heun		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 8026 S Wilwood Dr Apt 101		Amount 42.20	
City Oak Creek	State WI	Zip Code 53154	Transaction ID : 63b9fc22-34f7-4f39-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
District: 00 State: KS			
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 951 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1103 West Wilson Street			Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2f3776cd-30e7-40b4-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1103 West Wilson Street			Amount 20.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ed15cb9a-139c-4bef-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 952 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 6101 NORA ST			Amount 20.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 80b82b9c-a675-4e33-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 3657 S Rail Road St			Amount 18.00		
City Fountain		State NC	Zip Code 27829		Transaction ID : 58ac890b-3dde-4afb-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 953 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3657 S Rail Road St			Amount 10.50		
City Fountain	State NC	Zip Code 27829	Transaction ID : 28c34510-e5f3-47e4-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : bc81478b-2164-425d-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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 298625.67			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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 12.30	
City New Orleans	State LA	Zip Code 70126	Transaction ID : b3d10882-5fdc-4b92-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 05ffe0da-de17-4adb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 955 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Zachary Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9419 NE Hwy 69			Amount 13.80	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 34366c52-2f2c-4aba-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct			Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : fc8e679a-fe6d-4ee3-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			118.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 26.10	
City High Point	State NC	Zip Code 27260	Transaction ID : 080111ab-fedb-4cf7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1025 Cayley Ct		Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : b628c2c3-c520-4369-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ac77094d-2826-40c6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 958 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 4902 Catawba Dr			Amount 25.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : df378918-3a1c-4b80-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 629 Radiance Ave			Amount 70.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : f43b509a-51df-4672-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 959 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 629 Radiance Ave		Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1606d40e-8756-4287-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 2506 Bolch Street		Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 77263f55-83a1-4a70-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1731 Frenchmen St			Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f4fee56d-a9a4-4f59-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 961 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 70.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 07bfbae3-0bbe-43b6-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 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 14.04	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : b6a18dce-79bb-4703-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 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		84.04	
(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		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 7.80	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b4a5fe94-2c78-4ee0-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 963 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 30.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 6a9ddb70-1bba-40b2-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 12.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : b3e1b74b-6420-4c3b-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		42.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 506 N Horton Street		Amount 30.00	
City	State	Zip Code	Transaction ID : 23692d94-4290-4c00-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 965 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 20.55		
City Searcy	State AR	Zip Code 72143	Transaction ID : fbcc1917-d1c8-4119-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 506 N Horton Street			Amount 12.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : b91bf777-41c4-44f7-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 50.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 67d51f78-b492-45fd-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 7.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 39a1f14b-32ac-43a9-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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	1095839.94	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	57.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 967 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 804 Roundabout Circle			Amount 85.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 90014683-c8e1-45f9-a Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 18065 Wayne Rd			Amount 60.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : d813ecb4-8ab5-42a0-9 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 968 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 60.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 92011a1c-4606-4ab0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 36.18	
City Elgin	State SC	Zip Code 29045	Transaction ID : b94b8074-c8f0-4ac6-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.18	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 969 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 117 Cynthia Ave		Amount 40.00
City Farmington	State AR	Zip Code 72730
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f5901156-d48b-4b46-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 117 Cynthia Ave		Amount 3.00
City Farmington	State AR	Zip Code 72730
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 97a906ef-59fb-48d2-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d3c0ec89-64e2-451d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 93e78ba4-321b-4e5e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	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.

Date _____

Signature

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 35fe78fa-1152-4bd4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : ef3a4f0d-9933-4bfb-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 972 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : b9089be0-5141-4f0d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : a3c8225e-ffb8-4ccf-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 973 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1703 Torrey Pines Ct		Amount 60.00		
City Reston	State VA	Zip Code 20190	Transaction ID : 0f2c7410-6057-43c2-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 204 W 9th St		Amount 30.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ea8f29bb-2bf0-412b-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014		
		[Electronically Filed]		

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 120.00	
City Conway	State AR	Zip Code 72032	Transaction ID : c4b663b8-59da-42c2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 975 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 26.70		
City Conway	State AR	Zip Code 72032	Transaction ID : 2ba8cf3a-c784-4459-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 109 Carpathion Way			Amount 20.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : b325c831-aad4-4018-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Other (specify) ▶ _____		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1700 E Part Ave		Amount 35.50	
City	State	Zip Code	Transaction ID : 2acdf682-1e0d-412b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1090 McHone Rd		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 2e62c4cd-ffaf-4996-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		83.52
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 978 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 7.50		
City Topeka	State KS	Zip Code 66614	Transaction ID : 6ad824e3-f00a-47d4-8 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 1.20		
City Topeka	State KS	Zip Code 66614	Transaction ID : 686ac551-10f6-4239-9 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 979 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 905 Lake Drive			Amount 50.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : b1ceab66-7c0e-4603-b Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 905 Lake Drive			Amount 7.35	
City Shelby	State NC	Zip Code 28152	Transaction ID : 030601ce-d59d-48a3-8 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.35	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 980 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 121 Meadowview Drive		Amount 35.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 8e3ca998-0e6d-4b76-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Mailing Address 121 Meadowview Drive		Amount 10.50	
City Boone	State NC	Zip Code 28607	Transaction ID : cbc22386-3683-489f-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 981 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 1072f822-b587-4074-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 3.90	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 2a99737d-64e7-4182-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.90	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 982 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 65.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 7a0db743-8248-4e9c-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 20.10	
City Charolette	State NC	Zip Code 28215	Transaction ID : f9afb4a0-cd63-4cea-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		85.10	
(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 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 983 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ron K Lassiter		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3846 SW Wood Valley Dr		Amount 40.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : 1defccb9-7099-4682-a Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ron K Lassiter		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3846 SW Wood Valley Dr		Amount 3.30	
City Topeka	State KS	Zip Code 66610	Transaction ID : f89f56f7-e471-4192-8 Date of Disbursement or Obligation 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 984 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Chantel D Lassiter			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3846 SW Wood Valley Rd			Amount 40.00		
City Topeka	State KS	Zip Code 66610	Transaction ID : 9612a866-fb0b-4c8b-8 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chantel D Lassiter			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 3846 SW Wood Valley Rd			Amount 3.30		
City Topeka	State KS	Zip Code 66610	Transaction ID : be6d9f63-7a8c-413f-9 Date of Disbursement or Obligation 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 41.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 18633795-b9b0-444d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.66	
City Conway	State AR	Zip Code 72034	Transaction ID : 7664df31-b0a1-4e41-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.66
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 986 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Aaron R Cowart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 184 South Military Rd			Amount 40.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 91b817fa-2d37-482d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron R Cowart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 184 South Military Rd			Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : 3a467b22-3c35-4837-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 42.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a0dfec84-fb45-4920-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 988 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Valerie K Braymer			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 106 Ridge Trail			Amount 70.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : ef1b46d4-1aef-4794-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Valerie K Braymer			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 106 Ridge Trail			Amount 12.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : 469658dd-7843-442e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			82.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 990 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014		
Mailing Address 10000 Mount Pleasant Rd		Amount 20.40		
City Midland	State NC	Zip Code 28107	Transaction ID : d12e783e-9f6a-45c8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014		
Mailing Address 1851 S Laura St		Amount 45.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 622a8f6a-abfc-430e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		65.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014		
Mailing Address 1851 S Laura St			Amount 6.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 23945442-c7a0-4bee-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		256632.98			

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1851 S Laura St		Amount 45.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 88c34859-4ed7-484e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

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

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

Date _____

Signature

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4545 S Gold		Amount 30.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 92efd5b0-7ef2-4c2b-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 4545 S Gold		Amount 6.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 4b02f125-1f65-4495-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 993 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aric D Clark			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1412 Edgemoor Dr			Amount 45.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 05be1d98-fb07-434d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 6418 East 12 St			Amount 15.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 1e36bd59-8027-4807-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 994 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 6418 East 12 St		Amount 3.90	
City Wichita	State KS	Zip Code 67206	Transaction ID : 2c288f81-2899-44b1-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Josh R Arnold		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1531 N Ridgewood Dr		Amount 27.50	
City Wichita	State KS	Zip Code 67208	Transaction ID : d8a19c9b-22fa-4797-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		31.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Ren W Dasher		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 40.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 187e8183-2c3b-4011-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 996 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ren W Dasher			Date of Public Distribution/Dissemination 10 / 21 / 2014	
Mailing Address 1414 Edgemoor Dr			Amount 19.50	
City El Dorado	State KS	Zip Code 67042	Transaction ID : ee44e8a7-91a6-48be-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 21 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 936 S Cypress			Amount 30.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : 0feaa581-e011-42de-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			49.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 211 N Ashley Park		Amount 4.50	
City Wichita	State KS	Zip Code 67212	Transaction ID : 90910c61-4d3b-42cc-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 10.20		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : bcab955e-9a9c-4449-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 999 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 26.70	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 8330c861-0f4b-42fe-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Destiny S Philpott			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 3502 S 66th St Apt 47			Amount 45.00	
City Fort Smith	State AR	Zip Code 72903	Transaction ID : f998e538-567e-4f03-9 Date of Disbursement or Obligation 10 / 22 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.70	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 6.30		
City Wichita	State KS	Zip Code 67213	Transaction ID : 3079e8a5-0458-43d6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Morgan E Hallenbeck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 3790 Christian Light Rd			Amount 20.70		
City Fuquay Varina	State NC	Zip Code 27526	Transaction ID : b7b2ba5d-6c0c-4dad-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1002 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lance Reichenberger			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1426 N Glendale			Amount 55.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 1108fa8b-93f3-45cc-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lance Reichenberger			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 1426 N Glendale			Amount 4.50	
City Wichita	State KS	Zip Code 67208	Transaction ID : 5297cc50-3440-49e3-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1003 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5827 Brighton Pl			Amount 11.50	
City New Orleans		State LA	Zip Code 70131	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 8bb06b83-5b95-4dfa-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5827 Brighton Pl			Amount 1.50	
City New Orleans		State LA	Zip Code 70131	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : e5023a01-8861-4c21-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			13.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1004 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 44 Bell St			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : fcf927aa-6201-4d2a-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Misty A Ledford			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 44 Bell St			Amount 19.20	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 86fb5d4d-05a6-465e-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1005 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 Youngblood			Date of Public Distribution/Dissemination / /		
Mailing Address 102 S Main Street Apt A2			Amount 45.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 5e266e6f-4dcd-49ea-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination / /		
Mailing Address 1510 W Pawnee Apt 2103			Amount 30.00		
City Wichita	State KS	Zip Code 67213	Transaction ID : 15a3ead7-f1e6-43fe-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date / /		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1007 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3 Girard St			Amount 15.60	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 883e0c51-f5b3-4d75-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 199 Raven Circle			Amount 46.70	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 66db39a2-9e60-46d0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1008 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 199 Raven Circle			Amount 10.56		
City Wilkesboro		State NC	Zip Code 28697		Transaction ID : 45a58a7a-c607-4077-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1903 Swan Dr			Amount 30.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 8bab94d9-14b1-47be-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.56		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Sharon t Craig		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1410 Bushville Dr		Amount 30.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 948283ef-a51e-4313-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1010 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1410 Bushville Dr			Amount 12.30	
City Lenoir	State NC	Zip Code 28645	Transaction ID : e3e43ec3-753f-4514-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 40.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 48d894e8-fc89-48eb-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			52.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address PO Box 37		Amount 27.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 6fafa76b-f451-409d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		37.13
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1012 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address PO Box 37			Amount 27.50	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : ffe0a757-1f45-4161-a Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address PO Box 37			Amount 10.50	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : b4b0c353-4c99-436a-b Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 / 24 / 2014		

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 402A N 10th St		Amount 1.05	
City Manhattan	State KS	Zip Code 66502	Transaction ID : f1c923da-0a4a-41e0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1014 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 510 Haymaker Hall			Amount 10.00		
City Manhattan	State KS	Zip Code 66506	Transaction ID : 3e7d919d-2bd1-4dfb-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 510 Haymaker Hall			Amount 1.05		
City Manhattan	State KS	Zip Code 66506	Transaction ID : e90f6604-b813-4fe7-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.05		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee James A Sears		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 305 Averroe Dr		Amount 20.00	
City Apex	State NC	Zip Code 27502	Transaction ID : 669ea561-4e9c-4ea8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 503 N Cedar St		Amount 70.00	
City Meade	State KS	Zip Code 67864	Transaction ID : 01036962-f382-4a81-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1211 Treaty Rd		Amount 45.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : b0986773-9233-44b7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Hannah M Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1412 Edgemoor Dr		Amount 45.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : d668008f-3603-485c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1018 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah M Clark			Date of Public Distribution/Dissemination 10 / 22 / 2014		
Mailing Address 1412 Edgemoor Dr			Amount 15.00		
City El Dorado	State KS	Zip Code 67042	Transaction ID : f828eba8-f2f9-4912-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 22 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 65.00		
City New Bern	State NC	Zip Code 28560	Transaction ID : 5933e07c-ce4d-48db-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1019 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 160 #50 Pompano Dr		Amount 15.45
City New Bern	State NC	Zip Code 28560
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 0101ede0-49fc-49dd-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 211 Dixie Ave		Amount 40.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 8779e3c8-20f7-4904-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.45
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1020 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 57.80		
City Boomer		State NC	Zip Code 28606		Transaction ID : 3bcf02aa-dcd9-41c7-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 8.10		
City Boomer		State NC	Zip Code 28606		Transaction ID : 7d1b046f-9b91-449f-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 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1021 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 46.50		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 8a3273c2-5785-41b5-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 27.96		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 88d941a4-2338-49af-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.46		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1022 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 106 Hillside St			Amount 80.00	
City Spindale	State NC	Zip Code 28160	Transaction ID : 77e54ead-1833-4e4d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1510 Bailey St			Amount 35.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 00c2fce5-d577-479a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1023 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 37.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 8029894c-a2b7-4af9-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 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 12.99	
City Conway	State AR	Zip Code 72034	Transaction ID : e833f948-f27c-4b91-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.99	
(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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1024 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Samantha S Johnson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 638 Sawyer Rd			Amount 10.00		
City Hays	State NC	Zip Code 28635	Transaction ID : 62fcd8ef-edf6-4e26-b Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 638 Sawyer Rd			Amount 10.00		
City Hays	State NC	Zip Code 28635	Transaction ID : eaa9e2c5-2011-48bd-8 Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1025 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 638 Sawyer Rd		Amount 2.70	
City Hays	State NC	Zip Code 28635	Transaction ID : 7b8607d8-0757-4db1-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 995 Clairborne Rd		Amount 39.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 15c93d05-fded-40f5-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		41.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1026 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 995 Clairborne Rd			Amount 12.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : bb92b142-19ef-4035-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 45.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 24059bb3-6bda-45b6-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1027 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 6.30		
City Clemmons		State NC	Zip Code 27012		Transaction ID : f9fecebf-9c64-4b4f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren E Heffington			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 488 Broadwell Dr			Amount 20.00		
City Nashville		State TN	Zip Code 37220		Transaction ID : 035c4cae-2119-46fb-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 26.30 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 9901 Floyd St		Amount 35.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 0e96bdd4-278d-42b7-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		36.86
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Signature

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 7915 Curtina Ln		Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : b1e30f24-db38-4347-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1419 S Highbush Ave		Amount 15.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 5521c5eb-177d-4666-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1031 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 20.00		
City Oak Creek		State WI	Zip Code 53154		Transaction ID : 8a5dcfa0-e43b-4939-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Molly E Oman			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 607 N Hughes			Amount 25.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : e0a56abf-9fda-4dd2-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1032 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 607 N Hughes		Amount 7.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 276d81d6-a297-4901-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 6102127c-6ccc0-49b8-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		87.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1033 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 2530 Brook Stone Dr		Amount 17.70
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 1ba4d5fe-8dba-46b5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 2530 Brook Stone Dr		Amount 80.00
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : ef0fe474-f87b-428e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	97.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Tyler M Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2134 Oxford Dr		Amount 2.41	
City Salina	State KS	Zip Code 67401	Transaction ID : dc4288a8-e003-4dc9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.41
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1035 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 70.00	
City Concord	State NC	Zip Code 28205	Transaction ID : d5314c59-1f5c-46a7-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 21.60	
City Concord	State NC	Zip Code 28205	Transaction ID : 31a337b1-1a7f-415e-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			91.60	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1036 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination 10 / 23 / 2014
Mailing Address 2134 Oxford Dr		Amount 30.00
City Salina	State KS	Zip Code 67401
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 429ca54d-bcdc-439c-b Date of Disbursement or Obligation 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination 10 / 23 / 2014
Mailing Address 2134 Oxford Dr		Amount 2.41
City Salina	State KS	Zip Code 67401
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : b43d5de7-ed56-4843-b Date of Disbursement or Obligation 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32.41
(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

11 / 24 / 2014

Signature

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 70.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 435f0cae-2ce0-4054-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 21.60		
City Midland	State NC	Zip Code 28107	Transaction ID : a4931295-6351-4983-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1038 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 416 Vine Dr			Amount 20.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 595980f3-3474-4030-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 416 Vine Dr			Amount 5.64	
City Lawrence	State KS	Zip Code 66049	Transaction ID : b0f83286-954f-4be5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.64	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1039 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane			Amount 25.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : e0b05968-79f7-4bd2-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane			Amount 9.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : d6a68e48-d9cc-4402-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 99.00		
City Wichita	State KS	Zip Code 67204	Transaction ID : 1e4b2210-0579-41c8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 15.90		
City Wichita	State KS	Zip Code 67204	Transaction ID : 79b1afe2-1de3-4b4c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1041 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Trace Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 11104 Westpoint			Amount 100.00		
City Little Rock		State AR	Zip Code 72211		Transaction ID : e550f6ea-5299-49fd-b
Purpose of Expenditure advertising		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 70.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : c3a3ad04-aabd-4a32-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 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1042 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address 6610 Walcott Rd			Amount 35.00		
City Paragoud		State AR	Zip Code 72450		Transaction ID : ac7f7a6f-d2c3-470e-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 29.40		
City Picayune		State MS	Zip Code 39466		Transaction ID : 720668fb-4691-4995-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 64.40		
(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 / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1043 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6610 Walcott Rd			Amount 20.10	
City Paragoud	State AR	Zip Code 72450	Transaction ID : e8e5e59b-d8a7-4b6a-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 211 N Ashley Park			Amount 60.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : 39e476e3-a192-4dcc-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3039 Four Way Rd		Amount 30.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 437fcfa1-87a7-404b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1045 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3039 Four Way Rd		Amount 9.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 70e5a844-7a02-48ee-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 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 4429 Lagan Circle		Amount 30.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 08deb18f-2986-4611-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		39.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 29.10	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : beeb181b-4ece-486c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 3.69	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1fa47873-50ad-4a93-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.79
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1047 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 8822 Apple St		Amount 60.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 77c9db66-595a-4952-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 8822 Apple St		Amount 16.50		
City New Orleans	State LA	Zip Code 70188	Transaction ID : cdb047c8-0e0e-404e-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 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		76.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]		

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 8822 Apple St			Amount 60.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : bbc948c7-d3e3-4558-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 8822 Apple St			Amount 16.50		
City New Orleans	State LA	Zip Code 70188	Transaction ID : b7da67bd-ed87-4755-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
District: 00 State: LA					
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1049 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 106 Ridge Trail		Amount 55.00	
City Boerne	State TX	Zip Code 78006	Transaction ID : 7e6aa19e-4ac2-494a-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 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 106 Ridge Trail		Amount 10.50	
City Boerne	State TX	Zip Code 78006	Transaction ID : 46d09d8d-7d3a-42da-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 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 924 N. Prieur St		Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 311931b3-c103-4aa8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1051 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1410 Bushville drive			Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8f41d4ac-6b92-46ec-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2517 N 47th St			Amount 15.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 88e0df56-5efa-48c3-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Isabella H Akel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 15 Redcoat Lane		Amount 9.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 31828109-5973-4f50-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Date _____

Signature

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6bf5100c-5061-48e4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014	☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 16.92	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 46975f6b-84b8-4589-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.92
(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.

Date / /

Signature

Full Name of Payee Eric J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 4967 Dysartville		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 73f76ca0-8cd5-4cbe-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 829ecaf9-91b4-4f13-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1055 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 8.10	
City Morganton	State NC	Zip Code 28655	Transaction ID : 133eb294-cdfb-4d00-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address Split Oak Drive			Amount 72.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 6165e9b3-4ce8-4885-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1056 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address Split Oak Drive			Amount 16.35	
City charlotte	State NC	Zip Code 28227	Transaction ID : ae595a56-e256-4421-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 121 Meadowview Drive			Amount 20.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 5e5cc31e-3806-4d2e-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.35	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1057 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 121 Meadowview Drive			Amount 9.60	
City Boone	State NC	Zip Code 28607	Transaction ID : 52d412f9-cbe9-41bb-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 12.50	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 80b94fa6-7a4d-49de-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1058 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 6.30	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 79c643ff-e6b9-4dbc-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 846fee1f-8493-40e5-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1059 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 2329 Runnymede Dr		Amount 3.30		
City Marrero	State LA	Zip Code 70072	Transaction ID : 3998819c-3109-403f-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Devon R McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 2501 Boone Trail		Amount 12.50		
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : 752385b0-659d-46d1-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		15.80		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1060 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 6d1e4e67-6683-4699-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 2506 Bolch Street			Amount 40.80		
City Shreveport	State LA	Zip Code 71104	Transaction ID : f79f527e-b2bb-4392-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1061 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 220 Doucet Rd			Amount 15.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a200f563-1b5c-4189-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 220 Doucet Rd			Amount 0.72	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 15aac16f-bc63-489b-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.72	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1062 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 85.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7ccfd06e-9f32-4553-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 18.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 1914b0ee-6ca2-4f35-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1063 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John S Meroney Sr.			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 513 Ray West Dr			Amount 34.10	
City Kernersville	State NC	Zip Code 27283	Transaction ID : a0b37a95-145e-493a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John S Meroney Sr.			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 513 Ray West Dr			Amount 18.00	
City Kernersville	State NC	Zip Code 27283	Transaction ID : 121a808a-64ac-48fa-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1064 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9425 Jessica Drive			Amount 52.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : c68b05ab-8819-49d0-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9425 Jessica Drive			Amount 9.60	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 472b50de-36a6-4e85-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.10	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 407 randall Dr		Amount Amount 45.00	
City	State	Zip Code	Transaction ID : a76fe3d3-ab10-4208-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		Amount 286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 18.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 51489a7d-89d5-48f0-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1067 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 65.00		
City Belmont	State NC	Zip Code 28012	Transaction ID : 57c970c8-0823-4eb3-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 115 Burns Mitchell Drive			Amount 9.60		
City Belmont	State NC	Zip Code 28012	Transaction ID : 7184af35-2160-4192-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.60		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1068 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 50.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 17563a08-0152-41eb-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 36.90	
City Searcy	State AR	Zip Code 72149	Transaction ID : 25e48213-9e5e-45cc-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1069 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : e5a34716-3e74-4ccd-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 37.80	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : c3602e74-35c2-481b-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.80	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 9685 Paula St		Amount 19.80	
City Keithville	State LA	Zip Code 71047	Transaction ID : 31de9e37-572a-42e4-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 110 W Pecan St		Amount Amount 35.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8e0b1b03-adfb-4483-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1072 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address PO Box 398			Amount 40.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : a7389639-9ae2-4fb1-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 3654 Tara St			Amount 40.00		
City springdale		State AR	Zip Code 72762		Transaction ID : a5814399-ab2e-4c3e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1073 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 513 Ray West Dr		Amount 34.00
City Kernersville	State NC	Zip Code 27284
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : c2bc97c0-eeb7-41de-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 513 Ray West Dr		Amount 18.00
City Kernersville	State NC	Zip Code 27284
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 68fd7299-d75b-4113-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1074 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address PO Box 398		Amount 40.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : d8c8f288-880d-4e30-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address PO Box 398		Amount 30.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : 7f2a2a26-44e8-497f-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 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1075 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : fc42c79b-52cf-491c-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9685 Paula St			Amount 20.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 9759aa77-1038-45a0-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1076 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 E Dacus		Date of Public Distribution/Dissemination 10 23 2014	
Mailing Address 117 Cynthia Ave		Amount 60.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : 804ab447-e4ae-4fea-8 Date of Disbursement or Obligation 10 23 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination 10 23 2014	
Mailing Address 117 Cynthia Ave		Amount 7.50	
City Farmington	State AR	Zip Code 72730	Transaction ID : af1ae2a0-d9fa-4d8a-9 Date of Disbursement or Obligation 10 23 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		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

11

24

2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1077 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2207 SE 64th St			Amount 50.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : f0c884f7-9f79-455b-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2207 SE 64th St			Amount 5.61	
City Topeka	State KS	Zip Code 66605	Transaction ID : 68b54300-72f9-4f33-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.61	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1078 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5560 Dogwood Dr			Amount 25.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : f8196070-369c-47fa-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 5560 Dogwood Dr			Amount 2.10	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 6ca6a72e-0971-4d77-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1079 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 121 Ohara Dr		Amount 70.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : bc4feef-285a-42aa-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 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 121 Ohara Dr		Amount 121.20	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 8237acb9-424d-4097-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		191.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1080 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1851 S Laura St			Amount 40.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 7a69d9a2-059f-45f9-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1851 S Laura St			Amount 6.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : a1994e0d-dd8c-479d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1851 S Laura St		Amount 5.40	
City Wichita	State KS	Zip Code 67211	Transaction ID : 2547f169-e50a-450e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1082 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 409 LaSalle Drive			Amount 60.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 7eabcf21-91a4-4280-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 30217 Crook Rd			Amount 30.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : f20526d6-3ea5-474e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 30217 Crook Rd		Amount 17.70	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 09153909-d904-492e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 200 Carawood Lane		Amount 65.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : fd2de303-5b6e-4a38-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 10.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9f789ce9-7100-471c-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address MM and value 11. The second register has address DD and value 24. The third register has address YYYY and value 2014.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1085 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 4.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 83b1d580-acb6-4c0a-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 30217 Crook Rd			Amount 30.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 7db610ee-86ed-4585-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 30217 Crook Rd			Amount 17.40		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 8af64424-d920-4da8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 300 Evangeline St		Amount 65.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 79c4b7fb-12e3-42f2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 298625.67		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1087 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 300 Evangeline St			Amount 6.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 367e738e-408b-41ff-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 42.50	
City Monroe	State LA	Zip Code 71212	Transaction ID : 4a7bc1f4-778d-43d1-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.50	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1088 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 A Toomey			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.50		
City Monroe		State LA	Zip Code 71212		Transaction ID : 062e136d-d758-4b1b-8
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 23 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination / / 10 / 23 / 2014		
Mailing Address 30217 Crook Rd			Amount 43.30		
City Cleveland		State MO	Zip Code 64734		Transaction ID : f7686144-acbb-43aa-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date / / 11 / 24 / 2014		

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 120.00	
City Conway	State AR	Zip Code 72032	Transaction ID : bd842eed-b828-4c12-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		286951.71	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1090 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 71.10		
City Conway	State AR	Zip Code 72032	Transaction ID : a2425aa8-122a-44ad-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1537 Country Lane			Amount 20.00		
City Kernersville	State NC	Zip Code 27284	Transaction ID : 1d1d7a85-2967-41cc-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.10		
(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 11 / 24 / 2014	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3110 Brentwood Rd		Amount MM / DD / YYYY 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : e14c40b2-4070-4708-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	86.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : a6dd9ed2-e51c-4151-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1093 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 915 East Market Ave		Amount 72.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : c1ca4868-4e06-4939-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 7650 Fallswood Way		Amount 40.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : f5fbbad-5d9a-4357-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		112.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 83d51cbc-a481-43d7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 227 Lincoln Dr			Amount 12.93		
City Bossier City	State LA	Zip Code 71111	Transaction ID : f86e9a83-9536-45f7-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.93
(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.

Date _____

Signature

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 3.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 9932b208-a1e7-40b7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

Signature

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 10.80	
City Topeka	State KS	Zip Code 66611	Transaction ID : 4cf88c42-592b-42a1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		58.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1097 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 50.00	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 1de93239-4495-4938-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 24.30	
City College Grove		State TN	Zip Code 37046	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 54e816e6-54f8-4291-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1098 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 506 N Horton Street			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 718a486f-dfec-4014-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 506 N Horton Street			Amount 40.20		
City Searcy	State AR	Zip Code 72143	Transaction ID : 96d6c32b-ac5c-432f-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.20		
(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 11 / 24 / 2014	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 2183 Spokane Rd		Amount 9.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 49a9851e-bd32-4d8e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1700 E Part Ave		Amount 36.00	
City	State	Zip Code	Transaction ID : bf852074-ef74-42e4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	136.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount Amount 55.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 6a997a5e-f61b-4cd2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought Year-To-Date 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1102 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 21.30	
City Charolette	State NC	Zip Code 28215	Transaction ID : f02f6997-a4b7-4576-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 282 Falls Ave			Amount 40.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : cf4f8438-073b-423f-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 11 / 24 / 2014	
Signature				

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 100.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 260ec0e5-927d-424b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	127.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : d378e447-ef66-42f5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1105 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 4106 Martha St			Amount 7.50		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 2b365f5f-6c73-499b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 2319 West Oak			Amount 20.00		
City El Dorado	State AR	Zip Code 71730	Transaction ID : e62d9d7b-8887-4e5e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1106 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1002 W Spring St			Amount 50.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : b6a8d992-c081-4d5f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Suzanna M Bradley			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1002 W Spring St			Amount 36.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 8f0de9a2-246d-474e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....			86.00	
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1107 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 29637 Park St			Amount 10.00	
City Walker	State LA	Zip Code 70785	Transaction ID : d4c3863b-2a4e-4869-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 29637 Park St			Amount 2.40	
City Walker	State LA	Zip Code 70785	Transaction ID : be8302ee-0bb6-4230-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.40	
(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 11 / 24 / 2014

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1ac0cb9f-e956-4c66-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 3300 Asher Ave		Amount 69.30	
City Little Rock	State AR	Zip Code 72204	Transaction ID : fc67a2cc-8787-49aa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 15.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 646eff55-401b-4605-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount Amount 65.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 957a2d27-5f3e-41af-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 90.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 47eeb0c8-3f25-41b0-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1222 SE 44 St		Amount 52.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : ffd510ea-813f-497e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: KS ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	64.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1113 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 101 Asbury Ct			Amount 90.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : a3e9f3fd-e48f-4b5e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 600 W Vine Ave			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : ff5aa6ee-5ffc-415c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1114 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 600 W Vine Ave		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : bd63cd80-a424-4947-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 786c647b-740b-47c5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1115 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : ee536272-cef4-4d10-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chantel D Lassiter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 3846 SW Wood Valley Rd		Amount 20.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : af17a493-e11c-4770-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1116 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Chantel D Lassiter			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 3846 SW Wood Valley Rd			Amount 1.50		
City Topeka	State KS	Zip Code 66610	Transaction ID : 5cc1d8b7-bfa6-4e7f-8 Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 910 E Elm St			Amount 15.00		
City Salina	State KS	Zip Code 67401	Transaction ID : 6648ea3d-0fdb-4fa4-b Date of Disbursement or Obligation 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1117 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Deborah J Nunn			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 910 E Elm St			Amount 2.10	
City Salina	State KS	Zip Code 67401	Transaction ID : f417b069-71ba-4508-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 0060097b-f5c1-444b-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1118 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 629 Radiance Ave			Amount 5.10		
City Metairie	State LA	Zip Code 70001	Transaction ID : 2bf3acf5-ef2d-48d2-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 38597885-51c9-4730-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.10		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1119 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 100 Asbury Ct		Amount 80.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9403e6af-8fca-422e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 75.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cf93fd3c-b5f9-4103-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1120 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 8d1c23e9-94ef-4973-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 60.00	
City Reston		State VA	Zip Code 20190	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : cb1e5e6a-613d-4e7c-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1121 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 576ea956-b95d-4264-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1025 Cayley Ct			Amount 82.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 5d77ce8d-5849-45e1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			152.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1122 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1025 Cayley Ct			Amount 22.20	
City High Point	State NC	Zip Code 27260	Transaction ID : 7146a6a2-14a7-4fbe-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 915 East Market Ave			Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 7adcfa08-5cdb-49b7-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			82.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1123 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 915 East Market Ave			Amount 53.70		
City Searcy	State AR	Zip Code 72149	Transaction ID : f0def33d-abac-478d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014		
Mailing Address 308 West Main Street			Amount 60.00		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : d450e720-93a8-4072-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1124 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 308 West Main Street			Amount 13.05		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 726aa3a2-154d-4c41-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address PO Box 398			Amount 50.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 11b7629f-d438-4e5e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.05		
(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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1125 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address PO Box 398			Amount 33.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : dc2934fe-37aa-4d49-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ron K Lassiter			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 3846 SW Wood Valley Dr			Amount 20.00		
City Topeka		State KS	Zip Code 66610		Transaction ID : be0e82fd-9dc8-45e1-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 53.00					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 11 / 24 / 2014 					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1126 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ron K Lassiter			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 3846 SW Wood Valley Dr			Amount 1.50		
City Topeka	State KS	Zip Code 66610	Transaction ID : a360a2a3-59dc-451b-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 4902 Catawba Dr			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 7c6c2b84-6255-487a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1127 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 4902 Catawba Dr			Amount 26.70	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d2e1a2d4-5ebd-460a-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 250 JS Brewton rd			Amount 50.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 353c886c-30ac-4611-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.70	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1128 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 250 JS Brewton rd			Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : 95e0bc3c-b612-4044-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 308 West Main Street			Amount 60.00	
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : d9d80767-0683-4e54-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1129 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 209 Hillside Dr			Amount 5.00	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 5de8141d-9fe8-4554-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 209 Hillside Dr			Amount 0.84	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 2a604a1c-bf02-4e1e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5.84	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1130 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 6412 Osage Dr			Amount 65.00		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 97dd5703-2aa7-4a73-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 6412 Osage Dr			Amount 6.54		
City North Little rock		State AR	Zip Code 72116		Transaction ID : 91c7933e-9e1d-456b-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 1110 N Coolidge			Amount 14.07		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 917f9ea7-fc3a-41a2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	101.57
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 23 / 2014	
Mailing Address P.O. Box 712		Amount 38.70	
City Alexander	State AR	Zip Code 72002	Transaction ID : 5a07b45a-80b4-4222-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1133 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 87.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 28f5d666-f291-4712-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 14.07	
City Gonzales	State LA	Zip Code 70737	Transaction ID : dd0b3136-d818-4d2a-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.57	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1134 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination 10 / 23 / 2014
Mailing Address 2730 Dave Ward Dr		Amount 70.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 42ab46f3-3e8d-4019-9 Date of Disbursement or Obligation 10 / 23 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination 10 / 23 / 2014
Mailing Address 2730 Dave Ward Dr		Amount 24.00
City Conway	State AR	Zip Code 72034
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 32b22f54-864b-44fd-b Date of Disbursement or Obligation 10 / 23 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

11 / 24 / 2014

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 905 Lake Drive		Amount 6.60	
City Shelby	State NC	Zip Code 28152	Transaction ID : 44656792-e351-4898-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount Amount 25.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 2654eaf8-8ae7-4a7e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1137 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 105 South Dale St			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : b75e987f-be5e-4db6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 105 South Dale St			Amount 23.10	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 460204ad-c967-4871-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1138 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 105 South Dale St			Amount 30.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 814535a5-2172-4432-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Williams			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9419 NE Hwy 69			Amount 20.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 6d740a6d-db33-4267-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1139 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 9419 NE Hwy 69		Amount 13.50
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : dc253d7f-5fb1-47b8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 3315 Cardinal Ridge Rd		Amount 50.00
City Greensboro	State NC	Zip Code 27410
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0443859d-e2e7-44a3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1140 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Daniel E Collison			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 3315 Cardinal Ridge Rd			Amount 3.60	
City Greensboro	State NC	Zip Code 27410	Transaction ID : ea0109ee-dbd3-49ef-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1090 McHone Rd			Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 100a19be-2c27-43c6-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 11 / 24 / 2014	
Signature				

Full Name of Payee Daniel M Gauckebush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 15.60	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 11397057-0254-49dd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature

Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 90.00		
City	State	Zip Code	Transaction ID : d794ac08-4a0c-44ae-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 55.50	
City	State	Zip Code	Transaction ID : 4f14400a-d262-42b2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1143 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : f72f5d97-299a-4136-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 13.20		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 4735b951-a0e7-4fb7-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		93.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 605 W Houston St		Amount 52.20	
City Marshall	State TX	Zip Code 75633	Transaction ID : f85e243f-f463-464b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1145 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1211 Treaty Rd			Amount 45.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 9585b037-d00c-426f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1211 Treaty Rd			Amount 17.40	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5b700551-1162-4a50-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1146 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 503 N Cedar St		Amount 70.00
City Meade	State KS	Zip Code 67864
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6b248c92-c063-4543-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014
Mailing Address 503 N Cedar St		Amount 29.40
City Meade	State KS	Zip Code 67864
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 77015b40-dd7a-4933-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1147 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Pound Feinstein & Associates Originally Reported for \$966.20, should have been \$9666.20 and we		Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 5614 Connecticut Ave NW Ste 270		Amount 10658.70	
City Washington	State DC	Zip Code 20015	Transaction ID : df1a4be1-b49d-428f-b
Purpose of Expenditure Mailer		Category/ Type 004	Date of Disbursement or Obligation 10 / 22 / 2014
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 53317.37		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 314 S Main St		Amount 63.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 7e4402c3-1652-44d6-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		10722.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014 <i>[Electronically Filed]</i>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1148 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 314 S Main St			Amount 11.55		
City Roxboro	State NC	Zip Code 27573	Transaction ID : dabb7fe1-f09d-41db-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 70.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 19c4fdfe-071d-451e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 18065 Wayne Rd			Amount 70.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : 4169ec5f-cfd7-4003-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.14
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1150 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 157 Bishop Drive			Amount 55.00	
City Avondale	State LA	Zip Code 70094	Transaction ID : 32db60bc-99a2-40d4-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Dinah Beverly			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 157 Bishop Drive			Amount 55.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : f801034b-afc0-4923-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 915 E Market Ave		Amount 50.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 1f44d741-8dbd-451e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1152 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 915 E Market Ave			Amount 39.00	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : ad32600b-c74b-4ccb-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 6418 East 12 St			Amount 15.00	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 1b6d098c-4bef-4654-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1153 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 6418 East 12 St			Amount 6.00		
City Wichita		State KS	Zip Code 67206		Transaction ID : d53c2263-7627-4793-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 10.00		
City Bel Aire		State KS	Zip Code 67220		Transaction ID : 6351bbf3-cb90-4020-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1154 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 2.40		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : e7825296-3d64-47c5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination 10 / 23 / 2014		
Mailing Address 1519 E Village Estates Dr			Amount 10.00		
City Park City	State KS	Zip Code 67216	Transaction ID : 5068b5ae-ee65-473c-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.40		
(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 11 / 24 / 2014	

Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 1519 E Village Estates Dr			Amount 2.40		
City Park City	State KS	Zip Code 67216	Transaction ID : 051e574d-38e2-455f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 50.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 47eed91e-db8f-49a4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ 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.

Date _____

Signature

Full Name of Payee Ren W Dasher		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 45.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 2e704698-5702-4059-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1157 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ren W Dashner		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1414 Edgemoor Dr		Amount 15.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : b1d22516-31fd-46b0-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 1001 N Prospect		Amount 50.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 9e3d546e-126e-48a7-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1158 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 1001 N Prospect			Amount 0.90	
City Liberal	State KS	Zip Code 67901	Transaction ID : c0d2f962-f91d-4952-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 804 Roundabout Circle			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 09a0af92-5355-4f40-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1159 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2121 Daniel Dr			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : bddd8f74-2174-44e3-b Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2121 Daniel Dr			Amount 66.33	
City Searcy	State AR	Zip Code 72143	Transaction ID : 97396b22-77e5-46c7-8 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.33	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1160 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 55.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : ea8c02d9-2352-471a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 7.80	
City Lexington	State NC	Zip Code 27295	Transaction ID : 03dbe0e3-ff23-4e26-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 7 Bards Lane			Amount 57.50		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 2c455ccd-c32c-4029-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 7 Bards Lane		Amount 14.40	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 6897051a-748f-411e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1162 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 458 S Glendale			Amount 50.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 117ac637-ae4b-41fa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014	
Mailing Address 458 S Glendale			Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 93b0ca95-7daf-4193-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1163 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 504 Green Meadow Dr		Amount 50.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 5c8fbc79-e373-4b8e-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2565 Shire Circle		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 14880b7a-585f-4765-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1164 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 2a17e9d7-12a0-4270-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 21.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f0dd076f-01c6-4ec0-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1165 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3315 Cardinal Ridge Rd		Amount 15.00
City Greensboro	State NC	Zip Code 27410
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 99da80bc-1e80-449d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Daniel E Collison		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014
Mailing Address 3315 Cardinal Ridge Rd		Amount 0.60
City Greensboro	State NC	Zip Code 27410
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 3c09c5d4-749a-4ef7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	15.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1166 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 3815 Robin Road			Amount 17.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : d50d6911-c953-4529-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 3815 Robin Road			Amount 6.00		
City Ayden	State NC	Zip Code 28513	Transaction ID : 74d77576-107e-4e74-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1167 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jordan L Randall			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 27 Mesa St			Amount 15.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 4de7990b-548e-4ea4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jordan L Randall			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 27 Mesa St			Amount 6.60	
City Kenner	State LA	Zip Code 70065	Transaction ID : e13398f6-8bea-403d-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			21.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 1900 Glen West Way		Amount 120.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : a59e72bf-80a9-476b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 20.00		
City Wichita	State KS	Zip Code 67213	Transaction ID : 44e04669-092b-4544-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1169 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1510 W Pawnee Apt 2103			Amount 3.60		
City Wichita	State KS	Zip Code 67213	Transaction ID : fab301b9-203c-47af-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 28.30		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 180f8b39-ef59-41bb-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.90		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1170 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 7.35	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 210ecb80-9943-4aa5-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 28.30	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : f2aa52e5-1213-46ae-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			35.65	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 106 Hillside St		Amount Amount 42.81	
City Spindale	State NC	Zip Code 28160	Transaction ID : 42973006-ea51-431c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.31
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1172 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 37.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 03139b72-d945-4a9e-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 8.70	
City Clemmons	State NC	Zip Code 27012	Transaction ID : c72c4d32-5950-407a-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.20	
(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 11 / 24 / 2014

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2014		
Mailing Address 16864 Stillwell			Amount 3.60		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 3f4ab762-847f-4481-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	12.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1174 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 201 E Mt Vernon		Amount 60.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 057f0e8d-ef7d-4b08-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 201 E Mt Vernon		Amount 8.70	
City Wichita	State KS	Zip Code 67211	Transaction ID : fa7f8a2d-208f-4e3c-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	68.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1175 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 70.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 3bcfdca0-09ca-4509-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 8.40	
City Belmont	State NC	Zip Code 28012	Transaction ID : c7998375-f587-4308-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1176 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 503 N Cedar St			Amount 50.00	
City Meade	State KS	Zip Code 67864	Transaction ID : e43e4a10-5112-4124-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ronald W Ryckman			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 503 N Cedar St			Amount 25.80	
City Meade	State KS	Zip Code 67864	Transaction ID : 38d656da-870b-4166-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1177 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address PO Box 37			Amount 53.00	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 2efed971-cd52-407b-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address PO Box 37			Amount 55.00	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : bdbce9dd-de1b-4981-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1178 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address PO Box 37			Amount 12.90		
City East Bend		State NC	Zip Code 27018		Transaction ID : 09fcbfc5-ce3d-4333-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Noah J Smith			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 41174 Bertville Rd			Amount 30.00		
City Gonzales		State LA	Zip Code 70737		Transaction ID : 7abc17ac-0712-435c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.90		
(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 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Barbara E Spritz		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3346 Durham St Ext		Amount 3.30	
City Burlington	State NC	Zip Code 27217	Transaction ID : 22e85858-87ae-4cfc-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ 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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 638 Sawyer Rd		Amount 20.00	
City Hays	State NC	Zip Code 28635	Transaction ID : d5071016-535c-45fa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

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

Signature

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 211 Dixie Ave		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : c82aaef9-05a3-4067-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1183 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 23.40	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8bc17440-39fc-4d4d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 7915 Curtina Ln			Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : a7edb2a9-12b6-4c5a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 101 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 30304717-caf3-4491-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1185 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 199 Raven Circle			Amount 57.50	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 20a1ac8a-fde0-45bb-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 199 Raven Circle			Amount 19.95	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 6cea68f7-95eb-4376-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.45	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 40.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : c24f3c60-9e5a-490f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	152.82
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1187 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 18.30	
City Wichita	State KS	Zip Code 67204	Transaction ID : 0975fdf2-6d46-4443-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 416 Vine Dr		Amount 45.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : bfcda8ca-6f4e-469b-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		63.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1188 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 416 Vine Dr			Amount 4.92	
City Lawrence	State KS	Zip Code 66049	Transaction ID : ed75aeac-95a5-4dd3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9901 Floyd St			Amount 30.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 6bc8fb73-93a4-411a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.92	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1189 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 9901 Floyd St			Amount 7.80	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 59a436a9-2e1a-4724-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 106 Hillside St			Amount 48.54	
City Spindale	State NC	Zip Code 28160	Transaction ID : 747f2aae-fa43-43f2-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 23 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			56.34	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1190 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 6101 NORA ST			Amount 30.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 40156f5a-a766-4cf5-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 5003 Allison Lane			Amount 50.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 1b913520-48ad-4515-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1191 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : e7bc5432-6ff-465d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 9d6ea8b5-1f2c-4120-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1192 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2517 N 47th St			Amount 50.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 2f2f5d9b-9c32-4309-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 134 Shore Crest Circle			Amount 50.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4b756e0f-6724-439a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address Split Oak Drive		Amount 64.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 972633d5-7ef9-4374-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1194 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address Split Oak Drive			Amount 14.94	
City charlotte	State NC	Zip Code 28227	Transaction ID : c279ed5a-1b80-4136-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2319 West Oak			Amount 20.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 5035cf91-7518-4745-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.94	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1195 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 2319 West Oak			Amount 3.90		
City El Dorado	State AR	Zip Code 71730	Transaction ID : a41f4ebc-e710-4895-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 3 Girard St			Amount 50.00		
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 78530c10-9049-4b97-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee William T Horn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 5 Bergerac St		Amount 20.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : a6636d63-2013-4af7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 3 Girard		Amount 85.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 24d92f6b-f5e7-4efa-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	92.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1198 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 3 Girard			Amount 63.90		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 01ec0a1b-3cf5-40be-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 30.00		
City Lexington		State NC	Zip Code 27295		Transaction ID : 4752304a-e454-4f56-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1199 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 13.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : cec0ba8c-666f-499a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 200 Carawood Lane			Amount 67.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : ee7993cb-93fd-4fb8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1200 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 200 Carawood Lane			Amount 16.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : edafa962-59aa-4981-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1410 Bushville Dr			Amount 50.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : efa416c3-ef51-497b-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1201 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1410 Bushville Dr			Amount 17.10		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0c8173aa-7919-4f35-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 211 N Ashley Park			Amount 40.00		
City Wichita	State KS	Zip Code 67212	Transaction ID : 0bf4a7be-ac9d-4716-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 11 / 24 / 2014	

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 33.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 14398c56-6b31-4384-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1203 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Bethlehem R Romm			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2609 Bluestrem Dr			Amount 9.90	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 5fe15144-0c86-4bc0-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 915 East Market Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : b119e7a2-491e-4a0f-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1204 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 915 East Market Ave			Amount 63.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 1e3907de-8b22-4a0d-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Brittany Jones			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 338 Wayne Drive			Amount 40.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : d7e21af7-32a0-48b4-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1205 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Chelsea E Cornett			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 6279 Marathon Edenton Rd			Amount 50.00		
City Blanchester		State OH	Zip Code 45107		Transaction ID : dd61dc0c-f6ff-4c44-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ceslie A Benner			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2081 Knob Hill Rd			Amount 50.00		
City Azle		State TX	Zip Code 76020		Transaction ID : 20bf47bd-9447-4df7-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1206 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ceslie A Benner			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2081 Knob Hill Rd			Amount 33.60		
City Azle		State TX	Zip Code 76020		Transaction ID : 6dd811e5-6bd3-43f5-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 16864 Stillwell			Amount 35.00		
City Bonner Springs		State KS	Zip Code 66012		Transaction ID : 7c0105b3-9ac4-4b49-8
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			68.60		
(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 11 / 24 / 2014	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 90.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : a46e7e66-6950-44d3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	104.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1900 Glen West Way		Amount 6.30	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 7d577b30-c4db-4fa8-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1209 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 4429 Lagan Circle			Amount 30.00		
City Winterville	State NC	Zip Code 28590	Transaction ID : f8cb4d30-657e-4a88-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 67.70		
City Boomer	State NC	Zip Code 28606	Transaction ID : f5580a5d-a571-4e48-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Michael D English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address F4 Benton Ave Apt 4		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 02bfc4f6-81e6-49c1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1211 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 28.20		
City Searcy	State AR	Zip Code 72149	Transaction ID : 606910d5-348a-4b10-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 101 Durham Drive			Amount 30.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 615b2158-35b1-4e4a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1212 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 101 Durham Drive			Amount 7.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 0efa31ca-9955-4b5c-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 5827 Brighton Pl			Amount 20.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 41a4d55b-1048-424c-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1213 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 5827 Brighton Pl			Amount 3.00	
City New Orleans	State LA	Zip Code 70131	Transaction ID : 112f34d9-68b6-47c5-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 29637 Park St			Amount 40.00	
City Walker	State LA	Zip Code 70785	Transaction ID : 83255f3d-5455-4c1f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1214 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 29637 Park St		Amount 3.30	
City Walker	State LA	Zip Code 70785	Transaction ID : 7aa6fb17-69e0-4cd2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Podbielski		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 137 Cove Pl		Amount 30.80	
City Moravian Falls	State NC	Zip Code 28654	Transaction ID : 644954d1-f725-4113-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 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.10	
(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 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee David Podbielski		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 137 Cove PI		Amount 7.50	
City Moravian Falls	State NC	Zip Code 28654	Transaction ID : 038aa2b1-8e62-420d-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Amelia Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1519 Walshtown Rd		Amount 30.80	
City Boomer	State NC	Zip Code 28606	Transaction ID : 89fcb8d0-cc37-4701-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1216 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Malissa A Arsnoe			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3301 N First St			Amount 20.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : e02a573d-4aa0-4c6f-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malissa A Arsnoe			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3301 N First St			Amount 2.91	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : db029e20-b0db-4766-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.91	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 4106 Martha St		Amount 8.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 8fe1ca1e-91ba-4382-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1218 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 121 Ohara Dr			Amount 80.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 4f8f71d0-d89c-485f-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 121 Ohara Dr			Amount 134.40	
City Salisbury	State NC	Zip Code 28147	Transaction ID : cb112fa5-52bd-421a-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			214.40	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1219 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 9425 Jessica Drive		Amount 50.00
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 59d5e5b4-a903-4c81-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 9425 Jessica Drive		Amount 7.80
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : be18c912-6e82-45c6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	57.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1220 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 30.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 31ceee3f-bf62-444f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 5.70	
City Wichita	State KS	Zip Code 67208	Transaction ID : aab25a8a-b54a-4fb8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 9617d850-118c-4345-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1222 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 488 Broadwell Dr		Amount 20.00
City Nashville	State TN	Zip Code 37220
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e17af1ee-5e78-4299-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 109 Essex Cv		Amount 10.00
City Jacksonville	State AR	Zip Code 72076
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f8dce7f2-7be1-4b2f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1223 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 109 Essex Cv		Amount 1.50	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 963cc2ae-a4e1-459f-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 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James R Hooper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 502 N Oak St		Amount 32.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 4ae31cbf-533a-49ba-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 147 Possum Trot Rd		Amount Amount 50.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 21b58cf5-af00-4e56-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Signature

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 8.10	
City Bakersville	State NC	Zip Code 28705	Transaction ID : aa671d73-fdae-41ef-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 18793 Hilltop Ln		Amount 60.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : c79dc394-69d3-419d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: 00 State: AR		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 15.30	
City Topeka	State KS	Zip Code 66611	Transaction ID : bc6a2dfa-fda2-4122-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1227 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 40.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 49f746a5-c750-462d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 3.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : deaa5c5a-4a84-44ff-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 13.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 619bdf2f-44df-433c-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1229 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 227 Lincoln Dr			Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 57eb7fac-def0-4c18-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 227 Lincoln Dr			Amount 7.47	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 48f8b73a-39b4-4fcb-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.47	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Sandra L Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 2.50	
City Conway	State AR	Zip Code 72032	Transaction ID : dcd8b46a-d5f6-4c36-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1003 W 5th St		Amount _____ 62.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 194155d0-bfdd-4fd8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		_____ 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1231 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1003 W 5th St		Amount 16.20	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 709e54e0-5acd-4d8f-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 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 108 East Clinton St PO Box 410		Amount 32.00	
City Salemberg	State NC	Zip Code 28385	Transaction ID : a77ea1b0-9aad-4e71-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		48.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1232 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 11.31		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 975b8398-1763-46a8-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 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 314 Tumbleweed Dr			Amount 25.00		
City Winston Salem		State NC	Zip Code 27127		Transaction ID : afb764da-bf0a-4766-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 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(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.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1233 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 12.90	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 0b6494d0-5c82-437a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 50.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ca36599f-d0da-4c90-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 214d3b4c-1bac-40b7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095839.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 300 Evangeline St			Amount 40.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 3a2e5cc4-a61b-4753-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 300 Evangeline St		Amount 6.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 515356e3-57b5-478f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 286 Wrenn Drive			Amount 25.00		
City Lexington	State NC	Zip Code 27292	Transaction ID : 319016f6-0480-4e7b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1236 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 286 Wrenn Drive			Amount 5.04		
City Lexington	State NC	Zip Code 27292	Transaction ID : 91881ba4-0586-485a-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address PO Box 398			Amount 60.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 3d7c859e-0b0f-4a84-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			65.04		
(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 11 / 24 / 2014	

Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address PO Box 398			Amount 40.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : 1e1d9547-4eb8-49aa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 504 Green Meadow Dr		Amount 60.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 46775eab-41a3-4807-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1238 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3657 S Rail Road St			Amount 25.00	
City Fountain	State NC	Zip Code 27829	Transaction ID : adb9f417-d8db-4816-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3657 S Rail Road St			Amount 14.40	
City Fountain	State NC	Zip Code 27829	Transaction ID : 50aeb70f-a759-4095-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address PO Box 398		Amount 30.90	
City Neosho	State AR	Zip Code 64850	Transaction ID : c41c0f29-3a0b-4f6c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1240 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 65.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 4583bb61-9745-45c7-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 16.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 11389759-c2d5-4319-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1241 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 16e4bd10-3dd6-453f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9685 Paula St			Amount 22.50	
City Keithville	State LA	Zip Code 71047	Transaction ID : 67d0d515-20e6-448a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 448 Judson Dr		Amount 2.10	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : d859a049-d5a3-40c8-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1243 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address 250 JS Brewton rd			Amount 40.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : e84b9e3b-6103-4325-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address 250 JS Brewton rd			Amount 3.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 13125ddd-772b-434e-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		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1244 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 450 Judson Dr		Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 46f5e49e-445b-417f-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 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 600 W Vine Ave		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c83f4005-5cb0-4320-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1245 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 407 randall Dr			Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7f6984c8-b331-4498-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 407 randall Dr			Amount 27.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 738129df-f66b-4e40-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1246 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2506 Bolch Street			Amount 30.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : cd57fb02-353c-488f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2506 Bolch Street			Amount 23.40		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7fd09a3f-9d32-4e97-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.40		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1247 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 41176 Bertville Rd			Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9f10ab5b-e22a-4836-b Date of Disbursement or Obligation 10 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 41176 Bertville Rd			Amount 6.51	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 75ad9c4b-4030-499c-b Date of Disbursement or Obligation 10 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.51	
(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 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1248 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 2a405818-ac7c-4122-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3654 Tara St			Amount 3.00	
City springdale	State AR	Zip Code 72762	Transaction ID : b3eff5e3-3c28-4316-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1249 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address PO Box 398			Amount 60.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 413ada46-e0e5-402f-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address PO Box 398			Amount 39.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 39fe1f65-0576-497c-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 7e473421-5cf2-468c-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 3.90	
City Slidell	State LA	Zip Code 70461	Transaction ID : 66b81846-5981-4c89-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9685 Paula St			Amount 23.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 578b67c6-1b42-40e7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 106 Ridge Trail		Amount 13.50	
City Boerne	State TX	Zip Code 78006	Transaction ID : 966effd5-b480-4afe-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7d8518ab-06ad-4258-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Monique Guillory			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014		
Mailing Address 409 LaSalle Drive			Amount 60.00		
City Little Rock	State AR	Zip Code 72211	Transaction ID : 09a7fcac-79ae-4999-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ➤	
(c) TOTAL Independent Expenditures..... ➤	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1254 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 409 LaSalle Drive		Amount 57.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 5e084d29-5a1d-4080-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 6412 Osage Dr		Amount 65.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : f12fb4f2-14f7-42f7-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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 <i>Ms. Emily Buchanan</i>		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1255 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 6412 Osage Dr		Amount 3.15	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 67919fe6-6975-4f10-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3300 Asher Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : d717f3a2-a98c-48fc-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		83.15	
(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		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1256 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 3300 Asher Ave			Amount 0000000000 30.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 29603ab2-2551-48a5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		0000000000 286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 56893 S 695 rd			Amount 0000000000 20.00	
City Colcord	State OK	Zip Code 74338	Transaction ID : 339d74c3-79c4-4b98-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		0000000000 286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			0000000000 50.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			0000000000	
(c) TOTAL Independent Expenditures..... ▶			0000000000	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9653 Nations Dr		Amount 20.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 8baa0c25-6049-4bc9-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9653 Nations Dr		Amount 7.20	
City Springdale	State AR	Zip Code 72762	Transaction ID : e981a627-2006-40e4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1258 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 30.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 8360c91a-d84d-4b84-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 13.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 407b1b57-615f-41dd-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Melissa D Turner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9653 Nations Dr		Amount 20.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : e6a26cb3-063b-4cf8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 1903 Swan Dr		Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 82354267-e75b-45d4-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

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

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

Date _____

Signature

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1903 Swan Dr		Amount 3.90	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 2003e440-561a-4b00-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address P.O. Box 712		Amount 90.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 8861eb3e-64f8-40f8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	House District: 00 State: AR Disbursement For: ☐ Primary ☒ General 2014
Calendar Year-To-Date Per Election for Office Sought	286951.71		

(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1261 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address P.O. Box 712			Amount 37.50	
City Alexander	State AR	Zip Code 72002	Transaction ID : 327ca59f-d495-4c8d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 52.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : 455f09af-0530-4abb-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1262 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 20.10	
City Carriere	State MS	Zip Code 39426	Transaction ID : 5b1359da-b9d0-48d3-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 90b4aa7c-fba9-493f-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.10	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1263 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 629 Radiance Ave			Amount 4.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : f1851d2a-5634-4bec-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 40.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : 0694a52e-f4b5-48e1-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 2.10	
City Burlington	State NC	Zip Code 27215	Transaction ID : e338029f-7ece-483e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1117 Clipper Dr		Amount 13.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 6121787a-0fe0-4899-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ 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.

Date _____

Signature

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1117 Clipper Dr		Amount 0.96	
City Slidell	State LA	Zip Code 70458	Transaction ID : 259ef8e5-9cf9-4e20-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 50.00		
City Midland	State NC	Zip Code 28107	Transaction ID : 53dff0c7-6143-4149-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
Calendar Year-To-Date Per Election for Office Sought 1095839.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.96
(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.

Date _____

Signature

Full Name of Payee Benjamin Hernandez		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 915 E Market Ave		Amount 40.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : c4fd1e69-46f8-4e99-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1267 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 915 E Market Ave			Amount 21.30		
City Searcy		State AR	Zip Code 72149		Transaction ID : de770be8-0046-40ff-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 50.00		
City Concord		State NC	Zip Code 28205		Transaction ID : cbfcf360-84a9-4615-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1268 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1222 SE 44 St		Amount 27.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 7d96b92b-ae96-4775-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 76df5d5a-8ca8-4647-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		107.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1269 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3007 Darden Rd			Amount 21.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : dc57984e-c990-4f32-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 62651a8f-78e8-4dc8-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1270 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 20.40	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : dd7a214b-71fb-40cc-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 7d23ff5d-584b-49f9-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount Amount 27.90	
City Conway	State AR	Zip Code 72032	Transaction ID : 8fa0fe48-000b-488b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	157.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Marsha P Meroney		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 513 Ray West Dr		Amount 3.90	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 4893de58-6832-49a9-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1273 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 619 W 51st Street South			Amount 30.00	
City Wichita		State KS	Zip Code 67217	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 619 W 51st Street South			Amount 5.70	
City Wichita		State KS	Zip Code 67217	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 35.70 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1274 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James E Dacus			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 117 Cynthia Ave			Amount 100.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : 093600ee-efb9-4c58-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James E Dacus			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 117 Cynthia Ave			Amount 12.60	
City Farmington	State AR	Zip Code 72730	Transaction ID : 16da7d76-ff23-4aaf-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1275 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 111 Westchester Blvd Apt D4		Amount 65.00
City Slidell	State LA	Zip Code 70458
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : d38f46a9-9522-47be-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 1110 N Coolidge		Amount 70.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f7d3f7e8-ac95-44b5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1276 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1110 N Coolidge		Amount 9.87	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1b461467-18a3-4f9f-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 70.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : b309bd8f-e528-4d48-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		79.87	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1277 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 9.87	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 48f07b1e-360f-45f8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9909 Treasure Hill Rd			Amount 35.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 31563953-a882-4b49-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.87	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1278 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 16.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : f9557206-62ba-4b20-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 30.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 01220ec1-0857-4645-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1279 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 4.20	
City Wichita	State KS	Zip Code 67216	Transaction ID : 961f404f-af13-457b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2183 Spokane Rd		Amount 50.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : d7c8821e-21ae-4e3e-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		1095839.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	54.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Molly K Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 9419 NE Hwy 69		Amount 30.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : abfb5909-9e9d-479e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General	☐ 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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

Full Name of Payee Jodi DeFrees		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 201 E Mt Vernon		Amount 13.50	
City Wichita	State KS	Zip Code 67211	Transaction ID : 1f042fed-07b5-4e73-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1282 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 2c7551a3-ccf7-4124-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 13.50	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9bd88dc1-c9ea-4be8-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1283 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 605 W Houston St			Amount 90.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : f224db50-4a2d-4aec-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 605 W Houston St			Amount 56.10		
City Marshall		State TX	Zip Code 75633		Transaction ID : 895a773d-62ac-43ac-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			146.10		
(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 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1284 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 915 East Market Ave			Amount 70.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : e190b614-7efc-41d9-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 915 East Market Ave			Amount 62.70	
City Searcy	State AR	Zip Code 72149	Transaction ID : dbf06067-4c19-4794-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 105 South Dale St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 3e95f9c9-17df-44b7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 105 South Dale St			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 57a2740c-ab38-45d5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 184 South Military Rd		Amount 70.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : bfc068e1-2cd4-4a31-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 184 South Military Rd		Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : db0f3812-05ee-4e6f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1287 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 80.00		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 873d42f1-ef66-41e4-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 17.40		
City Mandeville	State LA	Zip Code 70471	Transaction ID : d28b6fad-3d29-4684-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1288 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 924 N. Prieur St			Amount 40.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : e4839b3b-175d-4336-8 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 59412cea-9e53-4dec-a Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1289 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 8822 Apple St		Amount 40.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : e10c2040-6a78-4a9a-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 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 8822 Apple St		Amount 15.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 935f0154-15f5-4f82-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1290 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c2a011e8-8dd5-437d-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 57.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ea5d08d1-e942-4eda-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		137.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1291 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : b8191764-96b9-48b6-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 100 ASBURY CT			Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 8a70d6fd-b5dc-4b65-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1292 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 30217 Crook Rd			Amount 58.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 7c6007f9-ed3b-405c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 30217 Crook Rd			Amount 36.90	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 1fc6fa01-529b-4a30-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1293 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0d6a7d94-8270-459a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d64711b5-811f-45eb-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1294 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 75.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 99f283d7-a959-488a-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 100 Asbury Ct			Amount 75.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : b7b908b6-b6f0-4883-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 150.00					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1295 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 50.00	
City Reston	State VA	Zip Code 20190	Transaction ID : b4b29740-6b9a-45ad-b Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 80.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 7e965e01-ffc5-4cbf-9 Date of Disbursement or Obligation 10 / 24 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1296 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 27.30		
City Charolette	State NC	Zip Code 28215	Transaction ID : 699e99f0-fe49-47de-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 1025 Cayley Ct			Amount 25.00		
City High Point	State NC	Zip Code 27260	Transaction ID : a8abc52c-2ceb-4649-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 24 / 2014		
Mailing Address 4902 Catawba Dr			Amount 57.50		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 08ea5019-5557-4017-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1298 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 4902 Catawba Dr			Amount 21.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : de63d4ce-02ad-493d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination 10 / 24 / 2014		
Mailing Address 8026 S Wilwood Dr Apt 101			Amount 20.00		
City Oak Creek	State WI	Zip Code 53154	Transaction ID : b59c568d-b499-4c2a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1299 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 905 Lake Drive		Amount 50.00
City Shelby	State NC	Zip Code 28152
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7344bf52-714c-4b28-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014
Mailing Address 905 Lake Drive		Amount 8.25
City Shelby	State NC	Zip Code 28152
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 7ca17663-aa83-4d29-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	58.25
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Ronald E Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1211 Treaty Rd		Amount 8.10	
City Delphos	State KS	Zip Code 67436	Transaction ID : be7056a4-c277-4b51-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1301 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1211 Treaty Rd			Amount 85.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5fe0df67-6193-455a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3405 German Shepherd Trail			Amount 17.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 7fa451d0-4d33-49cf-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			102.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1302 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 3405 German Shepherd Trail			Amount 5.40	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 83bb9af3-d14d-48a7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 804 Roundabout Circle			Amount 35.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a6d953f5-18b3-4f8c-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.40	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1303 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2121 Daniel Dr			Amount 35.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 6bea91ab-896b-4d41-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2121 Daniel Dr			Amount 45.90	
City Searcy	State AR	Zip Code 72143	Transaction ID : 12906531-b95e-497d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1304 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 6418 East 12 St			Amount 20.00	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : dcabb5c2-9657-424d-9 Date of Disbursement or Obligation 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 6418 East 12 St			Amount 4.20	
City Wichita		State KS	Zip Code 67206	
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : bd268aee-8a7d-42c8-a Date of Disbursement or Obligation 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 4545 S Gold		Amount 25.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : e3332cce-2ef9-47b2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 4545 S Gold		Amount 4.50	
City Wichita	State KS	Zip Code 67217	Transaction ID : d879d820-4411-49e3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1306 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 936 S Cypress			Amount 25.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : e297829f-dc86-4181-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 80.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 15e130fa-3ab9-4c1f-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 26.10	
City Hesston	State KS	Zip Code 67062	Transaction ID : 0d30e99b-e2c7-41ca-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 10.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : e19b40c6-b317-43d2-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1308 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Molly K Williams			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9419 NE Hwy 69			Amount 25.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 6095f68a-8b00-4e2e-a Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Molly K Williams			Date of Public Distribution/Dissemination 10 / 23 / 2014	
Mailing Address 9419 NE Hwy 69			Amount 12.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : a8c16d9f-c438-4015-9 Date of Disbursement or Obligation 10 / 23 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			37.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 39ea764a-5988-49e4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.24
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Michael Chinchar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2014	
Mailing Address 2730 Dave Ward Dr		Amount 9.00	
City Conway	State AR	Zip Code 72034	Transaction ID : c5332cb3-d51d-44be-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 21 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 33138309-e513-4b54-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1312 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 7.20	
City Morganton	State NC	Zip Code 28655	Transaction ID : d9811cb0-07b7-40b1-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jacob T Craig		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1410 Bushville Dr		Amount 75.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 63e1653e-2a8e-4f85-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		82.20	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1313 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1410 Bushville Dr			Amount 5.40	
City Lenoir		State NC	Zip Code 28645	Transaction ID : 60ff63b5-e510-4d35-8 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1090 McHone Rd			Amount 50.00	
City Spruce Pine		State NC	Zip Code 28777	Transaction ID : cd033416-0995-4b2e-b Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			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			Date 11 / 24 / 2014 [Electronically Filed]	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 105 South Dale St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 56c33d0e-1cc6-4af5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: 2014 ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1315 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2490 W Cornerstone Pl		Amount 30.00
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 057167b8-e61e-4e7f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2490 W Cornerstone Pl		Amount 6.90
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f6caa8ad-e8c4-4889-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1316 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 20.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : fbe7699f-c068-404c-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 4.50	
City Morehead	State NC	Zip Code 28557	Transaction ID : 47b53057-1713-4234-8 Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 0.90	
City Raleigh	State NC	Zip Code 27610	Transaction ID : da595cf8-59dc-4e12-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	22.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1318 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 5.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 24834a76-c07e-4292-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 2.10		
City Elgin	State SC	Zip Code 29045	Transaction ID : b872c4e0-6144-481e-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 10 / 24 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1319 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 18065 Wayne Rd			Amount 5.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : c7486577-ddd1-42f7-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 10.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : 2d896b29-8253-4807-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			15.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1320 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 638 Sawyer Rd		Amount 10.80	
City Hays	State NC	Zip Code 28635	Transaction ID : 0fe5543a-926b-4e1f-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 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilia B Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 638 Sawyer Rd		Amount 4.50	
City Hays	State NC	Zip Code 28635	Transaction ID : 8e304e82-68bd-40c4-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount 22.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 010332af-8b23-4a9c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anthony W Stevens			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014		
Mailing Address 3405 German Shepherd Trail			Amount 4.38		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ad552f98-127e-468f-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1652 1364 1659"> <tr><td>26.38</td></tr> </table>	26.38
26.38		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1659 1364 1663"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1663 1364 1671"> <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.

Date _____

Signature

Full Name of Payee Matt Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3815 Robin Road		Amount 7.50	
City Ayden	State NC	Zip Code 28513	Transaction ID : dbae389b-64c3-4796-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 2025 NE 67th St			Amount 6.66		
City Gladstone	State MO	Zip Code 64118	Transaction ID : 259aa5e9-e8a7-45fb-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1324 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3751 N Jeanette Ave			Amount 31.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 3adb17d2-2ed2-4464-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3751 N Jeanette Ave			Amount 9.60	
City Wichita	State KS	Zip Code 67204	Transaction ID : 9a18d20e-51ea-4ac2-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1325 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Samantha S Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 638 Sawyer Rd		Amount 11.70	
City Hays	State NC	Zip Code 28635	Transaction ID : ba7d2f59-4a86-46d7-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 25.83	
City Ayden	State NC	Zip Code 28513	Transaction ID : f5a1ba7f-b164-4add-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 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37.53	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1326 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Jennie Butler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 1676 Shady Creek Rd		Amount 6.30	
City Ayden	State NC	Zip Code 28513	Transaction ID : de0c42bc-2fba-483f-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 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 3815 Robin Road		Amount 25.83	
City Ayden	State NC	Zip Code 28513	Transaction ID : 252f549a-4df6-402f-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 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		32.13	
(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]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address PO Box 37		Amount 32.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 7a4d9eec-6751-41eb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1328 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address PO Box 37			Amount 9.60	
City East Bend	State NC	Zip Code 27018	Transaction ID : fcb33012-27e9-433c-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address PO Box 37			Amount 32.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 89cb4025-dfa9-4fa2-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1329 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Haley A Zimmerman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1409 Robbins Dr			Amount 70.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : dfe64eb7-c41b-4fbf-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Haley A Zimmerman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1409 Robbins Dr			Amount 25.80		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1a548a14-be9e-4187-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1330 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 160 #50 Pompano Dr		Amount 35.00
City New Bern	State NC	Zip Code 28560
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : c53e0cb7-75ba-4331-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 160 #50 Pompano Dr		Amount 9.69
City New Bern	State NC	Zip Code 28560
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : b648efc2-92b2-4fc7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.69
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Valerie K Braymer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 106 Ridge Trail		Amount 9.60	
City Boerne	State TX	Zip Code 78006	Transaction ID : 114664b9-c67f-45cc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 184 South Military Rd		Amount 6.90	
City Slidell	State LA	Zip Code 70458	Transaction ID : bbfdab8e-8a66-49e2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1333 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lisa A Funck			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 23901 W Hwy 66			Amount 70.00	
City Calumet	State OK	Zip Code 73014	Transaction ID : 1941d13b-b14e-4a7c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa A Funck			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 23901 W Hwy 66			Amount 46.50	
City Calumet	State OK	Zip Code 73014	Transaction ID : 7ccf437f-e25d-4439-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1334 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2081 Knob Hill Rd		Amount 70.00
City Azle	State TX	Zip Code 76020
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b99c8d6b-aeaa-4d82-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 995 Clairborne Rd		Amount 32.00
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : aa278f6b-5fe9-4e10-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	102.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1900 Glen West Way		Amount 70.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f13d9565-7c26-42b7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	
		☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

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Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1336 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 1900 Glen West Way		Amount 6.60
City Fort Smith	State AR	Zip Code 72916
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 90004814-c76e-413a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 3 Girard		Amount 70.00
City Fort Smith	State AR	Zip Code 72901
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ccc73019-e719-4572-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1337 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 3 Girard			Amount 34.80		
City Fort Smith		State AR	Zip Code 72901		Transaction ID : 4bf0b464-dce1-4819-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 3 Girard St			Amount 65.00		
City Ft Smith		State AR	Zip Code 72901		Transaction ID : 06efa832-ab46-4050-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1338 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3 Girard St			Amount 33.60	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 283fda1c-2602-470e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 65.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : a34024f2-530b-455a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4429 Lagan Circle		Amount 50.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 0bc3ce6e-39ed-4c09-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1340 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 6424 Purple Martin Ct		Amount 65.00
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : edccb384-ba6c-4587-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 6424 Purple Martin Ct		Amount 18.60
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4924f469-31fb-4538-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1341 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 25.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 84f00e76-34e5-4ef4-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 1.83	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 9b901a99-dd4a-4dce-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.83	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1342 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 3657 S Rail Road St			Amount 50.00		
City Fountain	State NC	Zip Code 27829	Transaction ID : c1c821bf-9cf6-4b6e-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 3657 S Rail Road St			Amount 21.00		
City Fountain	State NC	Zip Code 27829	Transaction ID : 8842f758-83d5-42f6-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1343 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brittany A Frederick			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 18793 Hilltop Ln			Amount 80.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : 525e9070-8a2f-4a9d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8e75ba60-3f96-4358-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 202 Rue Des Cajun		Amount 14.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 47abd615-49de-4a8c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 504 Green Meadow Dr		Amount 75.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 7531b04d-458d-46a8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1345 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 605 W Houston St			Amount 80.00	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 72fbe7f2-10c8-48ba-8 Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 605 W Houston St			Amount 49.20	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 6e3937f7-3afd-48c4-a Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			129.20	
(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 11 / 24 / 2014		

Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 620 Old Barbome Rd Lot 2			Amount Amount 3.87		
City West Monroe	State LA	Zip Code 71291	Transaction ID : b67b7600-03e0-4b5f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.87
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 0a757f4b-431d-4945-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1348 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2530 Brook Stone Dr		Amount 20.40
City Clemmons	State NC	Zip Code 27012
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : ee2e9812-191a-462b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2704 E Glen Oaks Dr		Amount 50.00
City Wichita	State KS	Zip Code 67216
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 17585f8c-8bcb-429f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	70.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1349 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2704 E Glen Oaks Dr			Amount 11.70	
City Wichita	State KS	Zip Code 67216	Transaction ID : 929352e3-124b-4245-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather C York-Pray			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 6786 Candlewood Dr			Amount 20.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 54b09483-f735-4b00-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1350 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Heather C York-Pray			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6786 Candlewood Dr			Amount 2.10		
City Fayetteville		State NC	Zip Code 28314		Transaction ID : 3b4069b7-d3e9-4b7b-9 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Thomas A Gaudun			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2207 SE 64th St			Amount 60.00		
City Topeka		State KS	Zip Code 66605		Transaction ID : f064dc3a-cce0-4231-8 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.10		
(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 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address PO Box 398		Amount 75.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 55a34457-27e3-4fe6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1352 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address PO Box 398			Amount 42.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : afed1f80-5005-43c6-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rielly McMillion			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2501 Boone Trail			Amount 37.50	
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : f865acc0-9bbb-44c4-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			79.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1353 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address PO Box 398			Amount 80.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 8502668f-62e4-475c-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address PO Box 398			Amount 40.29	
City Neosho	State MO	Zip Code 64850	Transaction ID : d9a9a326-7977-48bc-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			120.29	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 5003 Allison Lane			Amount 65.00		
City State Zip Code Ft. Smith AR 72901		Transaction ID : 0ed8e4c6-82f5-470e-a Date of Disbursement or Obligation 10 / 25 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City State Zip Code Ft. Smith AR 72901		Transaction ID : 8016f818-0613-4cb7-b Date of Disbursement or Obligation 10 / 25 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4310 N Mission Rd		Amount 6.99	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 28165f84-9769-4ca4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.99
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1356 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3654 Tara St			Amount 65.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 9c230e0c-7a4a-414e-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3654 Tara St			Amount 50.40	
City springdale	State AR	Zip Code 72762	Transaction ID : 5f0a9d04-c8a8-4e9d-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1357 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Zachary Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 9419 NE Hwy 69		Amount 30.00
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 0140028e-694d-427d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2565 Shire Circle		Amount 50.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 63729d08-ff7d-4329-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1358 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Molly K Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 9419 NE Hwy 69			Amount 30.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : d211691d-7960-4536-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Molly K Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 9419 NE Hwy 69			Amount 12.84		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0cb79ea7-aaf1-41b1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014					

Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount Amount 50.00		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 10c56119-85af-44e9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 12.90		
City Raleigh	State NC	Zip Code 27604	Transaction ID : f7523207-da51-4ca6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount Amount 4.80		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : f57c7517-4992-4f1b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 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		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1361 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 70.30	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 3573263a-4281-4066-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 11.60	
City Taylorsville	State NC	Zip Code 28681	Transaction ID : a5ed8f4f-602f-4e0e-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Suzanna M Bradley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1002 W Spring St		Amount 36.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 049112b9-4a53-404e-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 13827 S E 44th St		Amount 65.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 143a4db1-2496-452c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Lindsey N Rose		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 615 Live Oak Dr		Amount 80.00	
City searcy	State AR	Zip Code 72143	Transaction ID : 1f8ab00d-f7e9-4f74-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature



Three examples of binary representations are shown, each in a box with a title and a grid of 16 squares. The first box is titled '11' and has 'M' in the 1st and 2nd squares. The second box is titled '24' and has 'D' in the 5th and 6th squares. The third box is titled '2014' and has 'Y' in the 11th, 12th, 13th, and 14th squares.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1364 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 80.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : f1272a34-289b-4dc9-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 82.80		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : dff59d49-80c0-4705-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 2bfbd229-2638-40ef-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Lindsey E Helms		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 301 N Clinic Apt 3		Amount 80.00	
City	State	Zip Code	Transaction ID : 3c1631f2-ea1f-46e7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1366 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Lindsey E Helms		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 301 N Clinic Apt 3		Amount 63.30
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 80d82177-7507-48b2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 121 Ohara Dr		Amount 70.00
City Salisbury	State NC	Zip Code 28147
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : aadee44f-77a5-4c41-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	133.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1367 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 121 Ohara Dr		Amount 120.60		
City Salisbury	State NC	Zip Code 28147	Transaction ID : a153cf5d-03ea-43f0-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 9685 Paula St		Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 61810800-0e3e-4939-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		200.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1368 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e5e39818-7bb9-44b0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9685 Paula St			Amount 28.50	
City Keithville	State LA	Zip Code 71047	Transaction ID : df87705e-3fc9-4d1a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.50	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 8 Bradbury Dr		Amount 60.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : c62c107e-220b-4257-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1370 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 939d4fbe-3b86-4683-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 25 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9685 Paula St			Amount 26.40		
City Keithville		State LA	Zip Code 71047		Transaction ID : b286cade-3d46-4978-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 25 / 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 298625.67			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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Isabella H Akel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 15 Redcoat Lane		Amount 60.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 20c21a01-d7de-40e8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1372 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 15 Redcoat Lane			Amount 55.00		
City Little Rock		State AR	Zip Code 72227		Transaction ID : 3c840449-72fa-4c96-8 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 15 Redcoat Lane			Amount 60.00		
City Little Rock		State AR	Zip Code 72227		Transaction ID : bd47f6f7-2f91-4255-b Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1373 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 709c2e03-de67-4d12-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4106 Martha St			Amount 9.60	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 4b6a8e0e-7c1a-4ac3-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1374 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shirley R Gladstone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 619 W 51st Street South		Amount 30.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : a20e629b-3c3c-4423-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 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shirley R Gladstone		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014	
Mailing Address 619 W 51st Street South		Amount 5.70	
City Wichita	State KS	Zip Code 67217	Transaction ID : f68f8e59-73eb-459a-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		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]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount Amount 55.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : beceb44b-bc43-40eb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1376 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount 60.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : a388c084-0fb2-4ee0-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mitch L Holmes		Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 211 SE 20th Ave		Amount 59.10	
City St John	State KS	Zip Code 67576	Transaction ID : df74e351-1cbf-4265-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		119.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1377 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 62.20		
City Lexington		State NC	Zip Code 27295		Transaction ID : aca198e4-a718-4bf2-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2520 Helmstetler Rd			Amount 9.30		
City Lexington		State NC	Zip Code 27295		Transaction ID : 83ee640b-207b-41dc-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount 55.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 6a5d4e6c-fa89-47ad-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Molly E Oman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 607 N Hughes		Amount 60.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 0fd737a5-4971-43a5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1379 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 20.00	
City Winston Salem		State NC	Zip Code 27105	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 69f91771-317d-47ff-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 7.62	
City Winston Salem		State NC	Zip Code 27105	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 9ea09970-d0b8-470f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.62	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1380 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chelsi M Cox			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 18d9b374-0136-4a5d-8 Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claudia T Cox			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 10.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 8bdd1158-77c0-46c3-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1381 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Claudia T Cox			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 5.70	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0bfccc91-831e-499b-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 20.00	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : c2ec79d6-0838-42fb-a Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1382 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9425 Jessica Drive			Amount 82.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : d916603c-db0f-40e1-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9425 Jessica Drive			Amount 20.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 059d976f-3696-468c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.90	
(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 11 / 24 / 2014

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1003 W 5th St		Amount 16.50	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 5f46c60f-2c61-4a9b-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	96.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature



Three examples of binary representations are shown, each in a box with a title and a value. The first box is titled 'M M' and contains the value '11'. The second box is titled 'D D' and contains the value '24'. The third box is titled 'Y Y Y Y' and contains the value '2014'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1384 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1117 Clipper Dr			Amount 15.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : c2cd15c8-3980-4968-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1117 Clipper Dr			Amount 0.81	
City Slidell	State LA	Zip Code 70458	Transaction ID : c3d490c9-bff1-4369-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.81	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 14.40	
City Lawrence	State KS	Zip Code 66047	Transaction ID : df4c0c84-ab70-499a-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2073 A Clover Ave		Amount 6.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : e01cbac9-91bb-4a0f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1387 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 915 E Market Ave			Amount 75.00	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 46ac9a3d-1c77-4235-a Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin Hernandez			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 915 E Market Ave			Amount 53.40	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 32e1e05a-5842-4e64-b Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.40	
(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 11 / 24 / 2014		

Full Name of Payee Zachary W Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3513 Elizabeth St		Amount 75.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 16fbc1d3-0e29-4041-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 29637 Park St		Amount Amount 20.00	
City Walker	State LA	Zip Code 70785	Transaction ID : 9d88c444-6aff-4e9d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1389 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 29637 Park St			Amount 1.20	
City Walker	State LA	Zip Code 70785	Transaction ID : 773c71da-748d-4927-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 32.50	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 96f35507-d698-41a2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			33.70	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1390 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 8.82	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 668b7312-64d4-45ee-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 36f1af1a-7735-4830-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.82	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1391 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 205 Medallion Circle			Amount 55.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : c13384a9-c851-450d-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1410 Bushville drive			Amount 80.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 95ff2a30-f49c-4252-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.80		
(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 11 / 24 / 2014	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : 6b813a5e-ff58-49d5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 915 East Market Ave		Amount 100.80	
City	State	Zip Code	Transaction ID : e49ef724-5737-49f3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	200.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

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

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'M M' and value '11'. The second register has address 'D D' and value '24'. The third register has address 'Y Y Y Y' and value '2014'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1393 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Rachel L Anzalone			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2319 West Oak			Amount 40.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : d4876244-8e48-4e97-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : a3086aad-9bd7-455c-9 Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1394 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 2506 Bolch Street			Amount 57.60		
City Shreveport		State LA	Zip Code 71104		Transaction ID : 4a7deee6-845b-4ae7-9 Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1531 N Ridgewood Dr			Amount 75.00		
City Wichita		State KS	Zip Code 67208		Transaction ID : 6a846909-139d-48a6-a Date of Disbursement or Obligation 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 132.60 (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 11 / 24 / 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1395 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 12.30	
City Wichita	State KS	Zip Code 67208	Transaction ID : abc6a76f-7168-4ca4-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4177 Lowerline St			Amount 30.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 313ed778-37d9-4685-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1396 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 4177 Lowerline St			Amount 4.50		
City Slidell		State LA	Zip Code 70461		Transaction ID : ea14262c-6c05-4936-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 502 N Oak St			Amount 47.50		
City Little Rock		State AR	Zip Code 72205		Transaction ID : a021d658-f9eb-4bc2-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 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee James R Hooper			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 502 N Oak St			Amount 10.20		
City Little Rock	State AR	Zip Code 72205	Transaction ID : ccf8b542-4203-4477-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 5119 E Boston St			Amount 10.00		
City Wichita	State KS	Zip Code 67218	Transaction ID : ed264158-10cc-4e52-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1398 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 5119 E Boston St			Amount MM / DD / YYYY 3.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : cc10999f-5a5f-4a94-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2565 Shire Circle			Amount MM / DD / YYYY 5.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 54d66f33-32de-47a0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			MM / DD / YYYY 8.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			MM / DD / YYYY	
(c) TOTAL Independent Expenditures.....▶			MM / DD / YYYY	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 61.50	
City Conway	State AR	Zip Code 72032	Transaction ID : 332ca1ff-493f-4868-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	286951.71		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	151.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.20	
City Lafayette	State LA	Zip Code 70503	Transaction ID : c6291deb-f99b-4bed-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1401 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 121 Meadowview Drive			Amount 20.00	
City Boone	State NC	Zip Code 28607	Transaction ID : 60e7ad9e-7cdd-4367-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremy Hollar			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 121 Meadowview Drive			Amount 46.50	
City Boone	State NC	Zip Code 28607	Transaction ID : 32c99d4b-6606-431c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50	
(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 11 / 24 / 2014

Full Name of Payee Ronald W Ryckman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 503 N Cedar St		Amount 21.00	
City Meade	State KS	Zip Code 67864	Transaction ID : 8744f656-3be9-48fb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 1211 Treaty Rd			Amount 7.20		
City Delphos	State KS	Zip Code 67436	Transaction ID : 1182beae-7f8a-43ba-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 112 apache Dr		Amount 32.10	
City Search	State AR	Zip Code 72149	Transaction ID : c7583b80-7594-4117-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1405 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1700 E Part Ave			Amount 35.00	
City State Zip Code Searcy AR 72149	Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1700 E Part Ave			Amount 9.57	
City State Zip Code Searcy AR 72149	Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44.57
(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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1406 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 224173fe-788b-4062-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 9513 Beverly Dr			Amount 20.00		
City Overland Park		State KS	Zip Code 66207		Transaction ID : df9cf913-c66b-4d63-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 9513 Beverly Dr			Amount 3.96		
City Overland Park	State KS	Zip Code 66207	Transaction ID : b57e43c5-4e9e-40cc-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 407 randall Dr		Amount 70.00	
City	State	Zip Code	Transaction ID : 7c9608bd-ca1f-44b4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.96
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1408 OF 3239
FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)
Women Speak Out PAC

FEC IDENTIFICATION NUMBER ▼

C C00530766Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /Full Name of Payee
Xavier Miller

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2014

Mailing Address 407 randall Dr

Amount

48.90

City State Zip Code
Searcy AR 72143

Transaction ID : 1f33f3f7-b587-46a3-8

Date of Disbursement or Obligation

Purpose of Expenditure
MileageCategory/
Type 002M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: ARCalendar Year-To-Date
Per Election for Office Sought

286951.71

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶Full Name of Payee
James E Dacus

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2014

Mailing Address 117 Cynthia Ave

Amount

100.00

City State Zip Code
Farmington AR 72730

Transaction ID : ff0615f0-cb51-4d69-a

Date of Disbursement or Obligation

Purpose of Expenditure
SalaryCategory/
Type 001M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2014

Name of Federal Candidate

Mr. Mark L Pryor

☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☐ President ☒ Senate State: ARCalendar Year-To-Date
Per Election for Office Sought

286951.71

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

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

148.90

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

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

Ms. Emily Buchanan

[Electronically Filed]

Date

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

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1103 West Wilson Street		Amount Amount 40.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 341bbf24-a28a-469f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		52.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 95.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 06754359-b8c4-4def-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1411 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 24.60	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9a9a413e-961f-4203-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 40b39039-2afa-4d8a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 227 Lincoln Dr		Amount 9.66	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c77a0b09-ace8-4a96-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 2043 Nottingham Ln		Amount 30.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : c64c6bbf-e80b-47eb-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 18.00		
City Burlington	State NC	Zip Code 27215	Transaction ID : 5bce9f50-7640-4708-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 19.50	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 208f7ac0-7917-42a6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address P.O. Box 712		Amount Amount 36.90	
City Alexander	State AR	Zip Code 72002	Transaction ID : 66ef7c28-5a8b-4f0b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Amount 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	126.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1416 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 45.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 72d2e12f-e0ac-4a63-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 3.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 60b936ef-0468-4dd2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1417 OF 3239
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 200 Carawood Lane		Amount 45.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7763bab6-7ece-49d3-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 200 Carawood Lane		Amount 16.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7be3169e-aca8-4cd7-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(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

 MM / DD / YYYY
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1418 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 600 W Vine Ave		Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a06bf583-355a-4c50-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 600 W Vine Ave		Amount 52.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9b979bd9-fc95-416f-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 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		142.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1419 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 80.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 369791a3-789d-43e9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 15.90	
City Cleveland	State MO	Zip Code 64734	Transaction ID : c7a59ba0-c6d4-45e8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 80.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : a5d6c14f-acb1-4518-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 19.20	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 7808adc2-de10-46aa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 298625.67		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1421 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 100.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 2491cedf-577a-4042-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 30217 Crook Rd			Amount 13.20	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 6195d846-0bba-4d1e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.20	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee April A Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 30217 Crook Rd		Amount Amount 14.40	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 158a1d6f-7ad3-469d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		114.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1423 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Angela D Soots			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1481 Neighborly Pl			Amount 70.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : c8aba1ff-652d-488b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah M Clark			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 1412 Edgemoor Dr			Amount 70.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 14d47104-a838-4d20-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1424 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah M Clark			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1412 Edgemoor Dr			Amount 7.50		
City El Dorado	State KS	Zip Code 67042	Transaction ID : 967b2d8b-d995-486e-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 410 Wedgewood Ct			Amount 50.00		
City Hesston	State KS	Zip Code 67062	Transaction ID : 7d0ac13a-0341-43cc-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Jennifer Cheever		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 4545 S Gold		Amount Amount 55.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 60265842-b60e-4aa1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1426 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer Cheever			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 4545 S Gold			Amount 13.80	
City Wichita	State KS	Zip Code 67217	Transaction ID : 1e904c52-11c1-4c31-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Michael Terry			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 936 S Cypress			Amount 55.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : 56dfb985-8fff-4a9d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 70.00	
City	State	Zip Code	Transaction ID : c8987006-2e2d-4443-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jonathan P Barnell		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 41.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : ee37d389-cea1-4a15-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
District: <u>00</u> State: <u>KS</u>		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		256632.98	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1428 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 70.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 2002 E Park Ave Apt 40		Amount 29.25
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	99.25
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Clay A McCreary		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1762 Orchard Drive		Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 3d1c3eee-6b13-4578-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3300 Asher Ave		Amount 90.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 9ed9f6a6-b115-4cae-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 25 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 41.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : 0883735d-4078-4bd2-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....		95.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1431 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 3847 SW Atwood Terrace			Amount 6.60		
City Topeka	State KS	Zip Code 66610	Transaction ID : ef8a1c67-b962-44e9-a Date of Disbursement or Obligation / / 10 / 25 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 9805 St Stephens Ct			Amount 20.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : f1414497-da18-4e74-a Date of Disbursement or Obligation / / 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 26.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount MM / DD / YYYY 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 62d5b805-7d55-471a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1433 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 6718 Lake Willow Dr		Amount 12.30	
City New Orleans	State LA	Zip Code 70126	Transaction ID : e445ed7e-b025-49f4-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 105.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : bacea1c1-382c-44e5-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		117.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1434 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 46.50		
City College Grove		State TN	Zip Code 37046		Transaction ID : 267e041b-385b-47b5-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 506 N Horton Street			Amount 105.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 9ea7e850-fbec-44e0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			151.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1435 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 506 N Horton Street			Amount 51.90	
City Searcy	State AR	Zip Code 72143	Transaction ID : 06aa71a2-0f78-49bb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 804 Roundabout Circle			Amount 150.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : cb4fab86-4d37-4404-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			201.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1436 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 506 N Horton Street			Amount 105.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 0efc1974-e9c5-468a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☒ Senate State: AR ☐ President		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 506 N Horton Street			Amount 51.90		
City Searcy		State AR	Zip Code 72143		Transaction ID : bb20ce8c-b905-4e2d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☒ Senate State: AR ☐ President		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.90		
(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 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 18065 Wayne Rd			Amount 155.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : eb245617-2345-4654-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	255.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 25 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 155.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 83ae0be7-edf3-42ec-b
Purpose of Expenditure Salary	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 10 25 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 25 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 119.31	
City Elgin	State SC	Zip Code 29045	Transaction ID : f0feb164-0283-4097-9
Purpose of Expenditure Mileage	Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 10 25 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	274.31
(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

 MM / DD / YYYY
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1439 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address PO Box 398			Amount 55.00	
City Neosho		State AR	Zip Code 64850	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address PO Box 398			Amount 28.50	
City Neosho		State AR	Zip Code 64850	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 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. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1440 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2121 Daniel Dr			Amount 150.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ba4b1221-0de5-48ce-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 2121 Daniel Dr			Amount 94.20	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8069d573-f5d0-4859-b Date of Disbursement or Obligation 10 / 25 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			244.20	
(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 11 / 24 / 2014

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 488 Broadwell Dr		Amount 9.27	
City Nashville	State TN	Zip Code 37220	Transaction ID : c4ea4e56-10e3-4153-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.27
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1442 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Natalie M Foutch			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 1057 Waldron Road			Amount 140.00		
City LaVergne	State TN	Zip Code 37086	Transaction ID : 10648a47-c573-4dcf-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address Box #11543 915 E Market Ave			Amount 140.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : fa32dc00-0a12-4d25-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			280.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1443 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y			
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 102.18	
City Searcy	State AR	Zip Code 72149	Transaction ID : 94c1ab63-0aa8-462d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 3722 SE Evans Dr		Amount 40.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 9831c92c-e877-4747-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		142.18	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 3722 SE Evans Dr		Amount 9.60	
City Topeka	State KS	Zip Code 66609	Transaction ID : 5d1ddf6f-f817-4460-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 7 Bards Lane		Amount 57.50	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 958aa98a-d4bc-433f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1445 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 7 Bards Lane			Amount 12.60		
City Fletcher	State NC	Zip Code 28732	Transaction ID : 6632ae25-0281-410b-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 60.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : b146f849-cab4-467b-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1446 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 9455 Snow Camp Road			Amount 8.40	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : f1cafeb7-644b-4948-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 27b74356-6d60-40e6-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 25 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			98.40	
(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 11 / 24 / 2014

Full Name of Payee Damaian A Wilburn		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 15 W Spruce		Amount Amount 30.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 0d3700ca-4039-419e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	85.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1448 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Damaian A Wilburn		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 15 W Spruce		Amount 1.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : de3e1c13-f907-42df-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Damaian A Wilburn		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Mailing Address 15 W Spruce		Amount 15.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 97aac462-e1b4-41df-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 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		16.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1449 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Damaian A Wilburn			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 15 W Spruce			Amount 0.90	
City Liberal	State KS	Zip Code 67901	Transaction ID : 9e85c497-4cc0-4652-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Victor M Valdez			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1702 Central Ave			Amount 40.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 2c9b279c-9f47-4924-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1450 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Tywan Scott-Kwofie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 117 East Maple St		Amount 100.00
City Bucklin	State KS	Zip Code 67834
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3a5b1aa9-152e-4670-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014
Mailing Address 10112 Piney Creek Ct		Amount 70.00
City Charolette	State NC	Zip Code 28215
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 29d7e0de-26c3-43b6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1451 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 75.00	
City Charolette		State NC	Zip Code 28215	
Purpose of Expenditure Mileage			Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 30.00	
City Sterling		State VA	Zip Code 20165	
Purpose of Expenditure Salary			Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1452 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Andy Ramos		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 907 West Trail		Amount 40.00		
City Dodge City	State KS	Zip Code 67801	Transaction ID : 415fe09e-e7b6-436d-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 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 204 W 9th St		Amount 42.50		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : da845db2-cd96-410a-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		82.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 40.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : d244e085-51ae-4da6-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1454 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 2fc09d90-5c1f-48c8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 24 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 250 JS Brewton rd			Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 90162391-186b-4cb0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1455 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.30		
City goldonna	State LA	Zip Code 71031	Transaction ID : de763ba7-07bb-4469-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Andy Ramos			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 907 West Trail			Amount 40.00		
City Dodge City	State KS	Zip Code 67801	Transaction ID : 17a40571-c8cd-476b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 25 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1001 N Prospect		Amount 100.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 658cfbe0-a6c1-4661-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

Full Name of Payee Tabitha J Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 1001 N Prospect		Amount 15.60	
City Liberal	State KS	Zip Code 67901	Transaction ID : 89041f1f-37d9-4119-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : a702e3a3-0ca8-4352-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		85.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1458 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 25 / 2014		
Mailing Address 416 Vine Dr			Amount 9.90		
City Lawrence	State KS	Zip Code 66049	Transaction ID : fcf4fa49-d505-41f7-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 2025 NE 67th St			Amount 40.00		
City Gladstone	State MO	Zip Code 64118	Transaction ID : eff7093e-5221-473b-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 80.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 96b04c8c-b75d-4d74-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.03
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1460 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 12.60		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 335bf14e-631c-4fa0-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Kellie DAunoy-Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 1017 Maris Stella St.			Amount 20.00		
City Slidell	State LA	Zip Code 70460	Transaction ID : 85708a26-4289-4fec-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1461 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Kellie DAunoy-Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1017 Maris Stella St.		Amount 6.00	
City Slidell	State LA	Zip Code 70460	Transaction ID : f62d8e0f-a301-4662-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 40.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : ef12128f-efcd-402b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 12.60	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 69f5dadd-b5df-4783-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brittany Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 338 Wayne Drive		Amount 6.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 615fcd28-bfd5-435f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1463 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 4106 Martha St		Amount 60.00
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ce399bfc-e890-4ec9-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 4106 Martha St		Amount 8.10
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a8b89afc-8455-4409-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1464 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 / / 10 / 26 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 40.00		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5709c662-93e7-425d-a Date of Disbursement or Obligation / / 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination / / 10 / 26 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 12.30		
City Raleigh	State NC	Zip Code 27604	Transaction ID : 825e21e1-13f9-4d94-b Date of Disbursement or Obligation / / 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 52.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1465 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0b21b96b-4f17-4b68-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave		Amount 83.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : af77d68f-a22f-4c7d-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	183.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 24 / 2014

Signature

Full Name of Payee Alexa S Dudley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 4367 Splitlog Rd		Amount 26.70	
City Goodman	State MO	Zip Code 64843	Transaction ID : 246f5ebc-e5ab-4a8b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1467 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1103 West Wilson Street			Amount 30.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b62a885b-153a-421e-9 Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1103 West Wilson Street			Amount 26.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6ae11098-61ec-42c8-a Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 543 S 2nd St			Amount 8.40		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 06bcfetc-625a-448a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1469 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2134 Oxford Dr			Amount 30.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 6cbe1bb4-e85f-4c44-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2134 Oxford Dr			Amount 0.98	
City Salina	State KS	Zip Code 67401	Transaction ID : b5c99f97-5784-4880-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			30.98	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 220 Doucet Rd			Amount 4.44		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 692156c6-f24d-487a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.44
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 29.10		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c625a3ae-acea-42ac-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 1830 College Height Rd			Amount 30.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : 2dd0b26c-ed50-44ce-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1830 College Height Rd		Amount Amount 3.30	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 10aef2e4-dea6-4505-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1473 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 25.00		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 9911f1a7-b369-4fce-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 9909 Treasure Hill Rd			Amount 10.50		
City Little Rock		State AR	Zip Code 72205		Transaction ID : 2c47221e-a620-4c5f-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u> ☐ President		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1474 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1434 South Avenue			Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : ebcf7fca-1b17-446f-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1434 South Avenue			Amount 13.50	
City Eden	State NC	Zip Code 27288	Transaction ID : 4b536604-b708-4572-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 3300 Asher Ave		Amount 36.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 95039096-58c6-440e-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		106.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1476 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 1222 SE 44 St			Amount 60.00		
City Topeka	State KS	Zip Code 66609	Transaction ID : 5a1a4ed3-eca1-4c54-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 1222 SE 44 St			Amount 7.35		
City Topeka	State KS	Zip Code 66609	Transaction ID : 2fd9a0ed-d106-4cef-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.35		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1477 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chelsi M Cox			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 15.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 07edfbfb2-0883-46d1-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsi M Cox			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 4254 Eagle Lake Ct			Amount 4.50	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 503d565a-cafe-43fd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			19.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1478 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Andy Ramos			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 907 West Trail			Amount 80.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 0ca96c41-9baa-464e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Victor M Valdez			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1702 Central Ave			Amount 80.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : de395e95-c8d3-4598-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1479 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3a2e63f5-c676-4d84-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 110 W Pecan St		Amount 36.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ccf19611-81d9-43e2-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1480 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6418 East 12 St			Amount 30.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : cacd2bdc-9aad-444e-a Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6418 East 12 St			Amount 8.40	
City Wichita	State KS	Zip Code 67206	Transaction ID : 963424a4-910d-42f7-a Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1481 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 5119 E Boston St			Amount 15.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 552d5d83-2132-4266-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Amy Rich			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 5119 E Boston St			Amount 6.90	
City Wichita	State KS	Zip Code 67218	Transaction ID : 5fb50118-3d6d-4886-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1482 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 65.00		
City Picayune		State MS	Zip Code 39466		Transaction ID : ce20a7a3-5c0e-4dd5-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 27.90		
City Picayune		State MS	Zip Code 39466		Transaction ID : 883ef0c6-92bd-48ec-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1483 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 4455 N Edaemoor Ct		Amount 30.00
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : eaf3c80b-0690-4d27-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 4455 N Edaemoor Ct		Amount 9.00
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9526812f-b9a7-47e3-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1484 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1519 E Village Estates Dr			Amount 30.00	
City Park City	State KS	Zip Code 67216	Transaction ID : b4dc1132-81f7-4493-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashley T Reed			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1519 E Village Estates Dr			Amount 9.00	
City Park City	State KS	Zip Code 67216	Transaction ID : 5ecbb10a-877d-4e52-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1485 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 117 East Maple St			Amount 20.00	
City Bucklin	State KS	Zip Code 67834	Transaction ID : 539c36fd-152e-4428-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 117 East Maple St			Amount 8.10	
City Bucklin	State KS	Zip Code 67834	Transaction ID : bd94210c-dbe0-447c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1486 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 4310 N Mission Rd		Amount 22.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 6660d53c-1a9a-4965-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 4310 N Mission Rd		Amount 5.40	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 7dfece47-7046-445d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1487 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 30.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : 8e33450e-b290-4a5f-b Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 18.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : d94b8652-7036-4f7e-a Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1488 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer Cheever			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 4545 S Gold			Amount 60.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 7be1310c-e464-4913-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jennifer Cheever			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 4545 S Gold			Amount 11.40	
City Wichita	State KS	Zip Code 67217	Transaction ID : c18233a0-8d38-43ba-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.40	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1489 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 936 S Cypress		Amount 60.00
City Wichita	State KS	Zip Code 67207
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d30509f7-f33c-4fbc-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 936 S Cypress		Amount 11.40
City Wichita	State KS	Zip Code 67207
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d3d4a824-5f50-409e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	71.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave		Amount 110.00	
City	State	Zip Code	Transaction ID : dba32c8e-12aa-48ca-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave		Amount 114.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 862b6e41-2be7-469e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1025 Cayley Ct		Amount 107.50	
City High Point	State NC	Zip Code 27260	Transaction ID : b92c9377-d1ac-4717-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	221.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1492 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 1025 Cayley Ct		Amount 25.80	
City High Point	State NC	Zip Code 27260	Transaction ID : feff3370-1a6e-48d4-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: NC			
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 250 JS Brewton rd		Amount 40.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 8627775d-5fa4-4713-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: LA			
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1493 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 250 JS Brewton rd			Amount 9999.99 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 75f2fd4c-5e7d-4a13-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		99999999.99 298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 9999.99 95.00		
City Midland	State NC	Zip Code 28107	Transaction ID : d65c91e5-a633-4b6f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		99999999.99 1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999.99 98.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999.99		
(c) TOTAL Independent Expenditures..... ▶			99999999.99		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1494 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 25.80	
City Midland	State NC	Zip Code 28107	Transaction ID : 2f14ac94-994a-49b8-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 4894 Thunder Bolt		Amount 95.00	
City Concord	State NC	Zip Code 28205	Transaction ID : a9e81cfb-9e6c-4792-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 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		120.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 9685 Paula St			Amount 26.40		
City Keithville	State LA	Zip Code 71047	Transaction ID : 40e20247-f9cd-4482-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
Calendar Year-To-Date Per Election for Office Sought		298625.67	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1496 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 8 Bradbury Dr		Amount 70.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : bc397db-81f3-4a10-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Emma K Johnson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 8 Bradbury Dr		Amount 45.00	
City Little Rock	State AR	Zip Code 72212	Transaction ID : a4d76792-1c95-4703-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 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 205 Medallion Circle		Amount 60.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : c5fe55ac-99ff-4d6e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 298625.67		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 205 Medallion Circle		Amount 48.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 7461af57-12e2-43be-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1498 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Molly E Oman			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 607 N Hughes			Amount 70.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 9782f67a-c7a4-43ea-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Molly E Oman			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 607 N Hughes			Amount 45.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 1c0a09c4-e988-4d0e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1499 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 9760 N Pomona Ave		Amount 115.00
City Kansas Cuty	State MO	Zip Code 64153
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 5fb675ec-1465-4276-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 9760 N Pomona Ave		Amount 68.70
City Kansas Cuty	State MO	Zip Code 64153
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e6462426-0ec7-419c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	183.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2506 Bolch Street		Amount 32.70	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e02373bf-c82d-4dcd-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1501 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 32.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : d6d79e57-e0a2-4149-8 Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 13.80	
City Carriere	State MS	Zip Code 39426	Transaction ID : 6016f56c-21ec-41cd-b Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 2121 Daniel Dr			Amount 76.50		
City	State	Zip Code	Transaction ID : 708890a1-a0e5-483e-8		
Searcy	AR	72143	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	156.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 26 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 6.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : dbca023e-9c96-4887-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 804 Roundabout Circle			Amount 80.00		
City	State	Zip Code	Transaction ID : 7e1eafe0-6775-46d2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Shelbi L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 202 East Park Ave Apt 40		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : ebc9019d-d886-4e25-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1505 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 62.55		
City Searcy	State AR	Zip Code 72143	Transaction ID : 75736d1e-c944-4568-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 10 / 26 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 60.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : a6fbac1f-d0b7-4b47-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1506 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address P.O. Box 712			Amount 55.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 9b617cbd-c3f4-46cd-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address P.O. Box 712			Amount 21.60	
City Alexander	State AR	Zip Code 72002	Transaction ID : 0c99f586-e635-4c22-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.60	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1507 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 623 Union Park Circle			Amount 25.00		
City Colwich		State KS	Zip Code 67030		Transaction ID : 76e37224-35de-4984-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014		
Mailing Address 623 Union Park Circle			Amount 2.10		
City Colwich		State KS	Zip Code 67030		Transaction ID : 806e19eb-c8b3-453b-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 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Kelli R Zimmerman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 248 Hungerford		Amount 12.90	
City Haysville	State KS	Zip Code 67060	Transaction ID : e99b1cac-0ae3-4c80-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1509 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Konner M Zimmerman			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 248 Hungerford			Amount 40.00	
City Haysville	State KS	Zip Code 67060	Transaction ID : 6b97f3d5-18a1-4d5c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Konner M Zimmerman			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 248 Hungerford			Amount 12.90	
City Haysville	State KS	Zip Code 67060	Transaction ID : b00acae7-4129-49c9-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1510 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 70.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : fe6455e8-9537-4e72-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 8.40	
City Marrero	State LA	Zip Code 70072	Transaction ID : 335842e7-bec4-49a8-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1511 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1211 Treaty Rd			Amount 55.00	
City Delphos		State KS	Zip Code 67436	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1512 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination / /		
Mailing Address 1211 Treaty Rd			Amount 5.70		
City Delphos	State KS	Zip Code 67436	Transaction ID : 8b004527-1e27-4920-a Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination / /		
Mailing Address 1211 Treaty Rd			Amount 40.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : 636066d1-5e68-419f-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1513 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ronald E Brown			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 1211 Treaty Rd			Amount 7.80	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5defce41-6367-43a2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 121 Ohara Dr			Amount 50.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : ba246ddd4-91c8-4a2f-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 90.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 5388f795-c22f-4750-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		186.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 45.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : c8266355-8803-42a9-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	119.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1516 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 13.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 33d4dce5-7f56-482d-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 157 Bishop Drive			Amount 55.00		
City Avondale	State LA	Zip Code 70094	Transaction ID : f9988354-4354-4738-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 157 Bishop Drive		Amount 3.30	
City Avondale	State LA	Zip Code 70064	Transaction ID : e7cf6904-4f39-4599-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		58.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 204 W 9th St		Amount 26.70	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 8d4e6e34-b144-4924-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1519 OF 3239
FOR LINE 24 OF FORM 3X

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

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 1436 Haigs Creek Dr		Amount 120.00
City Elgin	State SC	Zip Code 29045
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 12e86e14-1dba-4bf8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 1436 Haigs Creek Dr		Amount 82.02
City Elgin	State SC	Zip Code 29045
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 68b73a73-aac3-498d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	202.02
(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]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1520 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 40.00	
City Cary	State NC	Zip Code 27519	Transaction ID : f578b0ba-47c5-4fea-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 11.85	
City Cary	State NC	Zip Code 27519	Transaction ID : 35b10f07-b7b5-4a6e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.85	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1521 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 85.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 20c558c3-d531-409b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 22.80	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : dff305a-9726-4c0f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1522 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 18065 Wayne Rd			Amount 120.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 8b05cd34-8777-4c44-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel H Young			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address Box #11543 915 E Market Ave			Amount 130.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 5ee76b4e-48fb-42bb-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1523 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 112.59	
City Searcy	State AR	Zip Code 72149	Transaction ID : fdb4cc50-a6f8-41bb-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 633 Scott Dr		Amount 65.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 32c181e0-1784-4eae-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		177.59	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1524 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 633 Scott Dr		Amount 16.80	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 9c74a4be-2151-47de-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 633 Scott Dr		Amount 65.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : d3884224-81cb-4acb-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 10 / 26 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		81.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount Amount 60.00	
City	State	Zip Code	Transaction ID : b46a76ae-4d8e-401f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		Amount 286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1526 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination 10 / 26 / 2014
Mailing Address 6544 Arno College Grove Rd		Amount 85.00
City College Grove	State TN	Zip Code 37046
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3e73f8f7-9926-4cda-a Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination 10 / 26 / 2014
Mailing Address 6544 Arno College Grove Rd		Amount 34.80
City College Grove	State TN	Zip Code 37046
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : ef6dbb67-81ab-4368-b Date of Disbursement or Obligation 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71		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

11 / 24 / 2014

Signature

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 506 N Horton Street		Amount 40.80	
City	State	Zip Code	Transaction ID : 06ca3b52-c671-4bad-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	125.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 5.40	
City Topeka	State KS	Zip Code 66610	Transaction ID : 31e4a15c-660a-4076-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....		16.90
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1529 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Jonathan P Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 11.50	
City Topeka	State KS	Zip Code 66610	Transaction ID : 674e6109-893d-40fa-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Natalie M Foutch		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1057 Waldron Road		Amount 130.00	
City LaVergne	State TN	Zip Code 37086	Transaction ID : 2b0415a8-ba0d-40b8-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		141.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1530 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 106 Wyncrest Ct		Amount 100.00
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d2ef5eef-fa21-4c4b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 106 Wyncrest Ct		Amount 53.70
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d6b8b651-bf31-4d70-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	153.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Katelynn Arnett			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 311 Outlook Ct			Amount 115.00		
City St Peters	State MO	Zip Code 63376	Transaction ID : f6613f09-af08-4b9a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1532 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Katelynn Arnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 311 Outlook Ct		Amount 68.70
City St Peters	State MO	Zip Code 63376
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4ec39d3c-8c2f-4605-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014
Mailing Address 111 Westchester Blvd Apt D4		Amount 50.00
City Slidell	State LA	Zip Code 70458
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 63182421-6468-4ef4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	118.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1533 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 50.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 2ea5bf8b-069e-4690-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 17.10	
City Conway	State AR	Zip Code 72032	Transaction ID : 2fed0e67-c5c7-4aff-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1534 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 15 Redcoat Lane			Amount 70.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 67f49704-90ca-4e9c-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Isabella H Akel			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 15 Redcoat Lane			Amount 45.00	
City Little Rock	State AR	Zip Code 72227	Transaction ID : 21d0f12d-4c4a-4c48-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1535 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination 10 / 25 / 2014	
Mailing Address 633 Scott Dr			Amount 60.00	
City Gibsonville		State NC	Zip Code 27249	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 24 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 50.00	
City Wichita		State KS	Zip Code 67216	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date [Electronically Filed] 11 / 24 / 2014	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014	
Mailing Address 112 apache Dr		Amount 50.00	
City Search	State AR	Zip Code 72149	Transaction ID : 3c521e88-6b98-4b95-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		58.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address MM and value 11. The second register has address DD and value 24. The third register has address YYYY and value 2014.

Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 26 / 2014		
Mailing Address 112 apache Dr			Amount 30.00		
City	State	Zip Code	Transaction ID : 766aef5d-b8a0-4071-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2014		
Search	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		
Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate			District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014	
Mailing Address 633 Scott Dr		Amount 60.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 4b043486-0d59-47cd-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		
		Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1538 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 633 Scott Dr			Amount 9.00		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 3ba49631-0376-4af7-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 10 / 25 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph Dockers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address !000 Fairway Dr			Amount 45.00		
City chesapeake		State VA	Zip Code 23320		Transaction ID : 055afb2c-d41c-465b-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 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1539 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1410 Bushville Dr			Amount 40.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 0942b727-4411-4180-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1410 Bushville Dr			Amount 15.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 848b0827-3efb-4d61-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1540 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 5510 Dogwood Dr		Amount 31.80
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b23d1dd7-1880-439c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 5510 Dogwood Dr		Amount 10.50
City Winston Salem	State NC	Zip Code 27105
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : da4288ac-1921-4643-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1541 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 31.80	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 5968cf8e-eca7-45d5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2226 Enloe St			Amount 25.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 22a51d92-6a5e-4c6b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			56.80	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 32.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 6058da67-52fc-4020-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1543 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 4.05		
City Clemmons		State NC	Zip Code 27012		Transaction ID : c1cc599e-7c72-4a1a-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 458 S Glendale			Amount 30.00		
City Wichita		State KS	Zip Code 67218		Transaction ID : 51c0be4a-7522-44ab-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.05		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 25.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : f52b0ec8-6d02-4b27-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1545 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 8.10	
City Wichita	State KS	Zip Code 67213	Transaction ID : e6b122c1-3b9c-4120-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lance Reichenberger		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1426 N Glendale		Amount 30.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 361f9244-381e-4744-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		38.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1546 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3751 N Jeanette Ave			Amount 35.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : 2da37a40-b020-438d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3751 N Jeanette Ave			Amount 11.10	
City Wichita	State KS	Zip Code 67204	Transaction ID : da18ff14-0b1f-4b9d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1547 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 80.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : cc582bd6-58ac-41bd-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 18.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 9b10ab2f-7799-4417-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1548 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 60.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 40fe567e-4772-43d5-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 1.50	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 5c312e34-92d8-471a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : e7aa062d-d7d9-421c-9
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 605 W Houston St			Amount 48.90		
City Marshall		State TX	Zip Code 75633		Transaction ID : 4fc32680-7bfd-4bd6-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 10.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : e2e220f7-dce6-4a01-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		75.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee John K Necaïse III			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1905 Franklin Ave			Amount 11.79		
City New Orleans	State LA	Zip Code 70117	Transaction ID : 775b9cdc-12ec-4f2d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.79
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 9901 Floyd St		Amount 30.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 5064eb33-1254-45bf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 9901 Floyd St			Amount 7.80		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 24dd63d3-627e-4ffb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1434 South Avenue		Amount 16.80	
City Eden	State NC	Zip Code 27288	Transaction ID : ba293172-3c7c-4c88-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	116.80
(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 _____

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 995 Clairborne Rd		Amount 12.60	
City Calhoun	State LA	Zip Code 71225	Transaction ID : bd9ed0c3-1c8d-4307-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1510 Bailey St			Amount 40.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 10c83b52-f651-40c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 9653 Nations Dr			Amount 27.50		
City Springdale	State AR	Zip Code 72762	Transaction ID : c3b458c2-fe43-4f80-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.

Date _____

Signature

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 416 Vine Dr		Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : c07a73c1-11ba-422b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 416 Vine Dr		Amount 15.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : aa298ed2-dbdb-4921-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought		256632.98	District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Diagram showing three 16-bit registers (MMIO) with values 11, 24, and 2014. Each register has a 4-bit address above it (M M, D D, Y Y Y Y).

Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 415 E Carroll		Amount 27.50	
City Macomb	State IL	Zip Code 61455	Transaction ID : dcc2d143-ce27-4904-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1558 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 415 E Carroll		Amount 8.82	
City Macomb	State IL	Zip Code 61455	Transaction ID : c25bef27-bdb6-4166-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : ba7c44f9-8888-4a00-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		58.82	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 40.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : e4bc4f4f-5af4-4d44-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		59.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 92bfdd7d-5b57-441d-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014		
Mailing Address 3 Girard			Amount 60.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : a4124212-a68e-4a90-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1561 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3 Girard		Amount 26.40	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 85f36024-08de-4863-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3039 Four Way Rd		Amount 30.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 3d18a331-fd2b-41c1-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1562 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Stephanie E Hardy			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 3039 Four Way Rd			Amount 30.00		
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 5a0da0fc-9da4-449b-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 9425 Jessica Drive			Amount 50.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 05da9f54-ad98-40c8-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1563 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 9425 Jessica Drive		Amount 15.60
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : dd964b01-bb52-443c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 2490 W Cornerstone Pl		Amount 30.00
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f7c4963f-f41f-455e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.60
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1564 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 2490 W Cornerstone Pl		Amount 9.00
City Fayetteville	State AR	Zip Code 72703
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : abaf1a08-ac25-44a4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 2517 N 47th St		Amount 60.00
City Milwaukee	State WI	Zip Code 53210
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9ac6e234-0c36-4194-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	69.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6412 Osage Dr		Amount 90.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : e12feea7-9e4f-46d7-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1566 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6412 Osage Dr			Amount 13.86	
City North Little rock	State AR	Zip Code 72116	Transaction ID : bf09c5ad-367f-4e3d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 75.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 07e2858c-6461-4d22-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.86	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1567 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 6.90	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 3d7a8d41-0d31-4c08-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 7915 Curtina Ln			Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : f7d59c6b-ce7d-4cb4-8 Date of Disbursement or Obligation 10 / 27 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.90	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1568 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4429 Lagan Circle			Amount 10.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : cdd81e6b-80c9-4302-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4429 Lagan Circle			Amount 2.70	
City Winterville	State NC	Zip Code 28590	Transaction ID : 49285908-ebaf-47cd-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.70	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1569 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sandra H Wagner			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 5828 Rena Road			Amount 65.00		
City Hamptonville		State NC	Zip Code 27020		Transaction ID : df2a582d-27f0-4595-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 25.00		
City West Monroe		State LA	Zip Code 71291		Transaction ID : 5d1e8dd2-2318-441f-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1570 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 8822 Apple St			Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5df104bc-8aa9-4788-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 8822 Apple St			Amount 13.50	
City New Orleans	State LA	Zip Code 70188	Transaction ID : b88d7225-c858-4ecc-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 924 N. Prieur St		Amount 13.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : a5881b32-70e7-4dfe-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4006 Wolkswalk Place		Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 22def4fa-e847-4e0f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1573 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 448 Judson Dr			Amount 37.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : c53a981e-7779-4862-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 448 Judson Dr			Amount 1.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : dea79e7f-fe60-47bf-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1574 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 50.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 30233f16-9bd6-4ec5-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.80	
City Monroe	State LA	Zip Code 71212	Transaction ID : 96dfc482-2ce7-4eda-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 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		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1575 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 300 Evangeline St		Amount 60.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 31189ca6-11de-42bc-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 300 Evangeline St		Amount 6.90		
City Monroe	State LA	Zip Code 71201	Transaction ID : 76615bd7-a516-4cc2-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		66.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1576 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 18793 Hilltop Ln		Amount 40.00
City Nevada	State TX	Zip Code 75173
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3a7f0184-1a98-4283-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 117 Cynthia Ave		Amount 35.00
City Farmington	State AR	Zip Code 72730
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a9f2dfd8-9240-4fed-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee James E Dacus		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 117 Cynthia Ave		Amount 3.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : d2b93f88-a27c-45e5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lisa A Funck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 23901 W Hwy 66		Amount 50.00	
City Calumet	State OK	Zip Code 73014	Transaction ID : 0c85685c-8c54-482c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1578 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lisa A Funck			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 23901 W Hwy 66			Amount 50.00	
City Calumet	State OK	Zip Code 73014	Transaction ID : e62043e5-f691-4f03-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1981 Cherokee St			Amount 45.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : e1682aa5-46ef-4bf3-a Date of Disbursement or Obligation 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			95.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1981 Cherokee St		Amount 3.78	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 6096a651-dfae-4c27-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 50.00	
City Azle	State TX	Zip Code 76020	Transaction ID : e7379a59-ad37-4f68-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.78
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Ceslie A Benner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 2081 Knob Hill Rd			Amount 99.00		
City	State	Zip Code	Transaction ID : 89ce85a4-51a2-41bc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Azle	TX	76020			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 184 South Military Rd		Amount 40.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : b8d60539-8c6b-4bb1-b Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1581 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Aaron R Cowart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 184 South Military Rd			Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : 8b56e966-3106-45ea-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3657 S Rail Road St			Amount 30.00	
City Fountain	State NC	Zip Code 27829	Transaction ID : 63c0bee0-9033-4e61-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1582 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Meagan N Rogerson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3657 S Rail Road St			Amount 13.50	
City Fountain		State NC	Zip Code 27829	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 915 East Market Ave			Amount 100.00	
City Searcy		State AR	Zip Code 72149	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1583 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 915 East Market Ave			Amount 109.80	
City Searcy	State AR	Zip Code 72149	Transaction ID : 8569839f-84a9-4869-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 70.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8353b61f-e200-4fc2-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			179.80	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1584 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 61.20		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : dbbdfece-160b-4d48-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 5003 Allison Lane			Amount 50.00		
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 2c5fa8aa-4b11-4509-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1585 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination 10 / 27 / 2014
Mailing Address 5003 Allison Lane		Amount 1.50
City Ft. Smith	State AR	Zip Code 72901
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : f8bff483-1a8d-4e8c-a Date of Disbursement or Obligation 10 / 27 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination 10 / 27 / 2014
Mailing Address 3300 Asher Ave		Amount 80.00
City Little Rock	State AR	Zip Code 72204
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 574722c1-7b5e-4785-b Date of Disbursement or Obligation 10 / 27 / 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 286951.71		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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1586 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 3300 Asher Ave		Amount 40.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 66603e73-7e3e-4183-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 93912bcb-ee5f-44c8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 9685 Paula St		Amount 95.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 313d4a9b-bab1-408a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1588 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 813 Worthington Way		Amount 37.50
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 24badd9a-d273-4ad5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 813 Worthington Way		Amount 7.29
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 2ce1ae1d-2291-4012-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	44.79
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 35.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : 5b8cdf6e-243f-4585-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	110.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1590 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1222 SE 44 St			Amount 50.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 8083dfd3-e5d4-4a41-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1222 SE 44 St			Amount 3.84	
City Topeka	State KS	Zip Code 66609	Transaction ID : 45034c5d-4c8a-4fb0-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	53.84
(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]

Signature

Date

11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1591 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 50.00		
City Bakersville	State NC	Zip Code 28705	Transaction ID : 78577b56-55f8-4244-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 147 Possum Trot Rd			Amount 9.60		
City Bakersville	State NC	Zip Code 28705	Transaction ID : efb7f330-7e61-421f-b		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1592 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 9685 Paula St			Amount 95.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7231d8b3-deb6-4bbc-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 9685 Paula St			Amount 36.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e2ece0eb-5558-425f-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1593 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 11.50		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : 019dbca1-d73a-4742-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 106 Wyncrest Ct			Amount 3.30		
City Hendersonville		State TN	Zip Code 37075		Transaction ID : d4eaa07-d91a-4178-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1594 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 286 Wrenn Drive			Amount 20.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : 15499490-da22-436f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 286 Wrenn Drive			Amount 3.60	
City Lexington	State NC	Zip Code 27292	Transaction ID : bda079ec-d46a-485d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1595 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 20.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 53c53498-2811-4703-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 10.80	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 8ac8b23c-5176-4f4f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 105 South Dale St			Amount 50.00		
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 4a7ee9e2-3840-43e3-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 105 South Dale St		Amount 50.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 09544052-fda3-4d33-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 40.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 169ab8d4-fb3f-4d29-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 13.20		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 3a300c2a-38ff-4302-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1598 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 915 East Market Ave			Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0e4177e5-a525-42cf-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 915 East Market Ave			Amount 33.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : cdfb46c5-3b65-48ce-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1599 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 4106 Martha St		Amount 80.00
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d19d08bc-8028-44c4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 4106 Martha St		Amount 8.10
City Shreveport	State LA	Zip Code 71109
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e6acf2ca-800e-444c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 409 LaSalle Drive		Amount 48.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 53d21086-3eaf-4080-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1117 Clipper Dr		Amount 25.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : ae eb dae5-5e4e-4c 35 -9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1602 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1117 Clipper Dr			Amount 0.96	
City Slidell	State LA	Zip Code 70458	Transaction ID : 22a66dc9-74d9-4a07-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 9805 St Stephens Ct			Amount 10.00	
City Raleigh	State NC	Zip Code 27615	Transaction ID : 43468cb2-684a-4406-8 Date of Disbursement or Obligation 10 / 27 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 211 N Ashley Park		Amount 50.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : d8ca3b83-b762-4f82-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address MM and value 11. The second register has address DD and value 24. The third register has address YYYY and value 2014.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1604 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 211 N Ashley Park			Amount 6.90	
City Wichita	State KS	Zip Code 67212	Transaction ID : 4923da99-43d5-4d56-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 314 S Main St			Amount 80.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 79abacae-40de-4a50-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.90	
(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 11 / 24 / 2014

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 121 Ohara Dr		Amount 85.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : e0e42921-d7f5-46a6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.74
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 121 Ohara Dr			Amount 136.80		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 0ccba1b2-591f-44a1-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 7650 Fallswood Way		Amount 20.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 31fe670d-5bb7-4361-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	156.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1607 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination 10 / 27 / 2014
Mailing Address 2183 Spokane Rd		Amount 60.00
City Fayetteville	State NC	Zip Code 28304
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 992c2039-cae4-43c9-8 Date of Disbursement or Obligation 10 / 27 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination 10 / 27 / 2014
Mailing Address 2183 Spokane Rd		Amount 7.50
City Fayetteville	State NC	Zip Code 28304
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 724fb2f6-49cd-4b34-b Date of Disbursement or Obligation 10 / 27 / 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 1095839.94		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

11 / 24 / 2014

Signature

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount Amount 10.80	
City Topeka	State KS	Zip Code 66611	Transaction ID : 7a148977-632e-4c1a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	Amount 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1609 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 45f4f686-ebdb-4f34-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 629 Radiance Ave		Amount 10.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 911d12e4-6ef5-42b0-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 10 / 27 / 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 298625.67		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]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 2121 Daniel Dr		Amount 8.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : 076cebf4-47f6-4611-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'M M' and value '11'. The second register has address 'D D' and value '24'. The third register has address 'Y Y Y Y' and value '2014'.

Full Name of Payee Josh R Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1531 N Ridgewood Dr		Amount 7.80	
City Wichita	State KS	Zip Code 67208	Transaction ID : 17def2da-ab1f-470f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1612 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 35.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 338c455e-3635-48cc-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 3.60	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 2208d80d-80d7-4aa7-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			38.60	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1613 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 11 Cooper Lane			Amount 40.00		
City Conway	State AR	Zip Code 72034	Transaction ID : b4f5ab58-990a-4ad5-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 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mark McNair			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 11 Cooper Lane			Amount 24.84		
City Conway	State AR	Zip Code 72034	Transaction ID : a13591ab-5f0f-4b87-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]		

Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 11.55	
City	State	Zip Code	Transaction ID : e8d43e18-8d5b-498e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.55
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1615 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1110 N Coolidge			Amount 95.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 6286d6f8-8a04-4699-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1110 N Coolidge			Amount 14.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : fc429e4f-24ed-4593-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.22	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 13827 S E 44th St		Amount 55.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : f222e266-4530-4d55-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	110.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 14.22	
City Gonzales	State LA	Zip Code 70737	Transaction ID : e45d2e59-ca48-4754-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	109.22
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Andrea M Gatts		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6894 106th		Amount 65.00	
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 802215f1-900d-4696-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Andrea M Gatts		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6894 106th		Amount 7.20	
City Ozawkie	State KS	Zip Code 66070	Transaction ID : fb0dd4e4-068f-458c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.20	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 804 Roundabout Circle		Amount 40.00	
City	State	Zip Code	Transaction ID : 492f7d44-774c-4cf4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1620 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 30.00	
City Burlington	State NC	Zip Code 27215	Transaction ID : d6935bbc-913f-4633-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 4.20	
City Burlington	State NC	Zip Code 27215	Transaction ID : 36cd9c85-6d0b-4169-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1621 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 70.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 939e3a44-2703-4445-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 16.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d3321556-120d-4458-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.20	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1622 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1103 West Wilson Street			Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 5e7cde89-c696-498a-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1103 West Wilson Street			Amount 23.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 834752bd-2816-45f5-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.10	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1623 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 211 SE 20th Ave			Amount 20.00	
City St John	State KS	Zip Code 67576	Transaction ID : 000eaa8b-b35d-4e14-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 211 SE 20th Ave			Amount 37.20	
City St John	State KS	Zip Code 67576	Transaction ID : 484c9fd3-4aa6-4220-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1624 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Noelle H Holmes			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 211 SE 20th Ave			Amount 20.00	
City St John	State KS	Zip Code 67576	Transaction ID : ca86549f-ebc9-402b-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 90.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : ac9c8550-9c8e-40a9-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1625 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 6101 NORA ST			Amount 60.00	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 783297ff-8678-4467-9 Date of Disbursement or Obligation 10 / 27 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 02a11e09-fb69-4b6b-9 Date of Disbursement or Obligation 10 / 27 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1626 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 282 Falls Ave			Amount 30.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 689d12ff-4465-4bb8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 282 Falls Ave			Amount 6.90	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 6b93407d-2aa2-4c46-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			36.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1627 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1410 Bushville Dr			Amount 50.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 8e3a4340-c38f-49eb-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 905 Lake Drive			Amount 100.00		
City Shelby	State NC	Zip Code 28152	Transaction ID : e847673e-80b3-4a18-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Jessica A Felix		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 873 Stoneykirk Dr		Amount 20.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 6c3de4ee-26ca-41fb-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1629 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 75.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : d3a0259c-0e39-424f-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 22.80	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4658da80-0900-4805-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			97.80	
(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 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1630 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : ab09251d-9a41-4fe4-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2506 Bolch Street			Amount 38.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 9571c71b-81c0-4a75-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.10	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 1410 Bushville drive			Amount 100.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : db422ef5-9b80-4a1c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1632 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 10000 Mount Pleasant Rd		Amount 90.00		
City Midland	State NC	Zip Code 28107	Transaction ID : 6fac6a82-dc87-4fa4-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 10000 Mount Pleasant Rd		Amount 21.90		
City Midland	State NC	Zip Code 28107	Transaction ID : 267156f4-7860-4409-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		111.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1633 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 5828 Rena Road			Amount 65.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 22790cba-b662-4a08-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brittnie W Campbell			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 5828 Rena Road			Amount 18.00	
City Hamptonville	State NC	Zip Code 27020	Transaction ID : 0c2ccab2-5adf-497e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1634 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					

Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 100.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 2f7764c0-a1dc-4af6-9 Date of Disbursement or Obligation 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 335e567e-4ad1-45a7-8 Date of Disbursement or Obligation 10 / 27 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(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]

Signature _____ Date

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2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1635 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 205 Medallion Circle			Amount 37.80	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 093f474a-8959-4d42-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 90.00	
City Concord	State NC	Zip Code 28205	Transaction ID : 477e2932-404d-4932-8 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.80	
(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 11 / 24 / 2014

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 5.10	
City Topeka	State KS	Zip Code 66610	Transaction ID : 54a379ae-5d56-41d2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 30.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 3f754640-590b-43ba-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1638 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 80.00
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b0026de8-a086-45a4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 1254 Fleming St Apt 6		Amount 21.90
City Conway	State AR	Zip Code 72032
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 431b1871-5c2f-44db-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		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..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1639 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address P.O. Box 712			Amount 90.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 980f1048-e5c6-4cce-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address P.O. Box 712			Amount 34.50	
City Alexander	State AR	Zip Code 72002	Transaction ID : 96166fab-665c-4888-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 35.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 5f3cde3f-0799-4ec0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 16864 Stillwell Rd			Amount 7.50		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 10b9992d-d254-48ba-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		256632.98	District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 7.50	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : f02f163d-2602-4c4b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		42.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1642 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 815ef0ae-cd76-49b6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 13.50		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 64bfc726-f95f-4f74-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1643 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 60.00	
City Cary	State NC	Zip Code 27519	Transaction ID : fdcd4958-b4b7-4526-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 6.57	
City Cary	State NC	Zip Code 27519	Transaction ID : 074ab64c-8cba-4504-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.57	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1644 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1700 E Part Ave			Amount 61.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : d7d41bde-8a6d-4621-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1700 E Part Ave			Amount 56.85	
City Searcy	State AR	Zip Code 72149	Transaction ID : 34ab706c-4c40-4e58-b Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.35	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1645 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 18065 Wayne Rd			Amount 70.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 76b9453f-db74-4545-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 70.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 6fd5ba87-5d7f-497b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 450 Judson Dr		Amount 37.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : ed925aaa-37ec-4be9-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 107.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1647 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 30.00		
City Boyd	State TX	Zip Code 76023	Transaction ID : bbb040d9-1d38-4532-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address PO Box 398			Amount 30.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 0a1f651c-d0a4-4615-8		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1648 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address PO Box 398			Amount 39.00	
City Neosho		State MO	Zip Code 64850	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 90.00	
City Charolette		State NC	Zip Code 28215	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			129.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1649 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 110.10	
City Charolette		State NC	Zip Code 28215	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : c5563b51-c6a7-4ae4-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address PO Box 398			Amount 55.00	
City Neosho		State AR	Zip Code 64850	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : a7bac7a6-67d7-47cc-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			165.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1650 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address PO Box 398		Amount 41.46		
City Neosho	State AR	Zip Code 64850	Transaction ID : 2a7b0c4a-6572-4af7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014		
Mailing Address 212 Stonecliff Dr		Amount 70.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : 78b8de11-7198-44ba-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 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		111.46		
(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 <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1651 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 14.73	
City West Monro	State LA	Zip Code 71291	Transaction ID : 779c3b6c-0b4c-464f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 02ed99b1-abd4-4c32-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			94.73	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1652 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 25.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3a672f17-abf9-407d-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 911387c6-872e-442a-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.20	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1653 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 600 W Vine Ave			Amount 120.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 856ed7d2-afa9-49ae-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 600 W Vine Ave			Amount 105.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 7aa333e0-0002-4996-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			225.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1654 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 407 randall Dr			Amount 120.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8b6d810e-90f1-4387-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : e8869781-7203-49ff-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			210.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 105.00	
City	State	Zip Code	Transaction ID : 4b379411-11b1-4e5e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7a3e2ae6-3e81-4c08-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Lauren N Hamel		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address PO Box 398		Amount 32.16	
City Neosho	State MO	Zip Code 64850	Transaction ID : 526e2d03-02aa-4a80-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1657 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 90.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ac9fe9d5-1c29-4f88-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 14.94	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 8da03099-8524-4872-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.94	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1658 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 0ca81efc-b740-480e-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7c8b6cc4-cc90-4356-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1659 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1025 Cayley Ct			Amount 107.50	
City High Point	State NC	Zip Code 27260	Transaction ID : b3afd41f-cce5-4e4f-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1025 Cayley Ct			Amount 27.30	
City High Point	State NC	Zip Code 27260	Transaction ID : 0eb77ddc-520a-457e-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.80	
(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 11 / 24 / 2014	
Signature _____				

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1903 Swan Dr		Amount MM / DD / YYYY 5.40	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1c425e3e-5f15-40f7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1025 Cayley Ct		Amount 110.00	
City High Point	State NC	Zip Code 27260	Transaction ID : b8e98f1d-92c4-4db0-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1662 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 1025 Cayley Ct		Amount 25.20
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 0b3af2f0-556f-4480-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 4902 Catawba Dr		Amount 110.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 893d9418-4fe7-4f43-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	135.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1663 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 4902 Catawba Dr			Amount 26.70		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 584dd87a-1c6e-4502-8 Date of Disbursement or Obligation 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : ef6c714d-4e4e-4b13-b Date of Disbursement or Obligation 10 / 27 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1664 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 4fec77ff-ad61-48ca-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	
Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 1703 Torrey Pines Ct		Amount 60.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 6fdd2afd-3081-45fc-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		256632.98	
(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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1665 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 12062 NC 902 Hwy		Amount 40.00
City Bear Creek	State NC	Zip Code 27207
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 13c1701c-0d96-4184-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 12062 NC 902 Hwy		Amount 10.80
City Bear Creek	State NC	Zip Code 27207
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 7ab6e9a4-6885-48d8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4218 Eagle Lake Ct		Amount 3.60	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 0d0b220d-3d5d-4dee-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		18.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1667 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 37.50	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 49cf805d-6766-4184-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 14.10	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : eec0c536-9423-4447-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Samantha Howell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4849 N Glendale		Amount 14.10	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 15ec67bb-a8ca-435a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Ashley T Reed		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1519 E Village Estates Dr		Amount 4.80	
City Park City	State KS	Zip Code 67216	Transaction ID : e30f3928-bfdb-415e-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	19.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1670 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 6418 East 12 St			Amount 13.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : afa2b292-442d-40c8-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 6418 East 12 St			Amount 6.00	
City Wichita	State KS	Zip Code 67206	Transaction ID : 1ebdbfbb-95e2-4ddc-9 Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1671 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer Cheever			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4545 S Gold			Amount 65.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 64a03dff-334f-472d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer Cheever			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 4545 S Gold			Amount 12.90	
City Wichita	State KS	Zip Code 67217	Transaction ID : 189f3de9-375d-4385-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1672 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : ddcbeb07-bf18-434e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 17.10	
City Clemmons	State NC	Zip Code 27012	Transaction ID : f1da52b2-d061-4871-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			97.10	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 936 S Cypress		Amount 65.00	
City Wichita	State KS	Zip Code 67207	Transaction ID : 57647edc-637f-4683-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael Terry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 936 S Cypress		Amount 12.90	
City Wichita	State KS	Zip Code 67207	Transaction ID : 42db5539-7608-4156-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	77.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1900 Glen West Way		Amount 6.60	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6ee537a8-7707-43bd-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1675 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 543 S 2nd St		Amount 80.00
City Bellaire	State NC	Zip Code 77401
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 16daa032-51df-4b7e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014
Mailing Address 543 S 2nd St		Amount 8.40
City Bellaire	State NC	Zip Code 77401
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e74ab967-17b7-4326-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1676 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 1731 Frenchmen St			Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : f619d5ae-c7d4-42be-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 4691 Hercules Lane			Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : ecddd956-7cb7-4c40-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1677 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 506 N Horton Street		Amount 50.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 2936983b-4dbe-4c8d-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014		
Mailing Address 506 N Horton Street		Amount 15.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : a6200c85-3de3-4428-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		65.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1678 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 50.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : fb615771-2f9e-4f88-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 9.60	
City College Grove	State TN	Zip Code 37046	Transaction ID : c0133699-b005-46d3-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		59.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1679 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Shelbi L Randall			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 202 East Park Ave Apt 40			Amount 47.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : 4dd2d23b-2b46-4697-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 47.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : dafcf3e1-269d-4ded-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1680 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Taylor N Randall			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 2002 E Park Ave Apt 40			Amount 66.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : 8ff9eb42-f93d-4054-8 Date of Disbursement or Obligation 10 / 27 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 250 JS Brewton rd			Amount 40.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : fdb2708b-65f3-4d58-b Date of Disbursement or Obligation 10 / 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		1095839.94	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 100.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : cbb34591-63a7-47df-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 58.70	
City Conway	State AR	Zip Code 72034	Transaction ID : 2c2d13a7-f0d0-43c1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	71.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1683 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 3205 Pebble Beach Rd			Amount 21.36		
City Conway	State AR	Zip Code 72034	Transaction ID : 33afd129-fa2c-4f13-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination 10 / 27 / 2014		
Mailing Address 112 apache Dr			Amount 70.00		
City Search	State AR	Zip Code 72149	Transaction ID : 36b02cf0-b96e-44f0-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 27 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.36		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1684 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Mailing Address 112 apache Dr		Amount 59.25	
City Search	State AR	Zip Code 72149	Transaction ID : a7423b14-70cf-435d-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2014	
Mailing Address 6610 Walcott Rd		Amount 50.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : fb4384fd-234f-4e4d-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 10 / 26 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		109.25	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1685 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 26 / 2014	
Mailing Address 6610 Walcott Rd			Amount 30.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : a0f72903-92a9-4183-b Date of Disbursement or Obligation 10 / 26 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 6610 Walcott Rd			Amount 70.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : dc127198-6e5d-4a43-a Date of Disbursement or Obligation 10 / 27 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1686 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination / / 10 / 27 / 2014		
Mailing Address 6610 Walcott Rd			Amount 59.25		
City Paragoud		State AR	Zip Code 72450		Transaction ID : 7d2739de-2617-4ec8-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 10 / 27 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination / / 10 / 25 / 2014		
Mailing Address 201 E Mt Vernon			Amount 30.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 2b44fc95-9a07-4109-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 25 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 89.25		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jodi DeFrees			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2014		
Mailing Address 201 E Mt Vernon			Amount 5.70		
City Wichita	State KS	Zip Code 67211	Transaction ID : 8905c150-2e7f-4fde-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2014		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : 68f3d300-20e3-4c21-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1688 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 9343519c-b477-417e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 8.70	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7d3f6602-6722-43ec-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1689 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 2226 Enloe St		Amount 25.00
City Fayetteville	State NC	Zip Code 28306
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f74202e1-e6e8-4c17-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 2226 Enloe St		Amount 4.56
City Fayetteville	State NC	Zip Code 28306
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 1f234e0a-b0a1-4013-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	29.56
(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]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

Full Name of Payee Marlene A Prosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 1510 Decatur Rd		Amount 10.20	
City Grantville	State KS	Zip Code 66429	Transaction ID : da9c4bc8-14b6-4470-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1691 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1410 Bushville Dr			Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b9a2c8f0-6de9-4b89-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1410 Bushville Dr			Amount 6.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 433c71c8-2eef-429e-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1692 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 38.70	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : b28d5646-febb-4946-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 14.04	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 619f80de-a139-44b1-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.74	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1693 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Joanna Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2134 Tobaccoville Rd		Amount 38.70		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 68ad90b4-557f-48d4-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address PO Box 37		Amount 54.50		
City East Bend	State NC	Zip Code 27018	Transaction ID : ee804648-88ba-4674-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		93.20		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1694 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address PO Box 37			Amount 54.50		
City East Bend		State NC	Zip Code 27018		Transaction ID : a1d5c522-d05a-40c6-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address PO Box 37			Amount 12.90		
City East Bend		State NC	Zip Code 27018		Transaction ID : cfec2b24-c447-4acc-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.40		
(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 11 / 24 / 2014

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2226 Enloe St		Amount 13.38	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 86dcfa98-c4d5-43c6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	45.38
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 10.05	
City New Bern	State NC	Zip Code 28560	Transaction ID : dae47ad6-3214-4aee-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address MM and value 11. The second register has address DD and value 24. The third register has address YYYY and value 2014.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1697 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jessica A Felix			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 873 Stoneykirk Dr			Amount 22.50	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 7b21f423-be76-4659-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heidi R Robinson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 3722 SE Evans Dr			Amount 12.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 61a8cd84-7260-406a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1698 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heidi R Robinson			Date of Public Distribution/Dissemination 10 / 27 / 2014	
Mailing Address 3722 SE Evans Dr			Amount 2.40	
City Topeka	State KS	Zip Code 66609	Transaction ID : a5f2973c-7b4b-4ada-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 27 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica A Felix			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 873 Stoneykirk Dr			Amount 22.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : c5c5b907-8a77-4ecf-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.40	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Cynthia E Matson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2014	
Mailing Address 7101 E 69th St N		Amount 3.30	
City Valley Center	State KS	Zip Code 67147	Transaction ID : c73a2245-949a-45dd-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1700 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 199 Raven Circle			Amount 42.50	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 94b3c6c5-beae-48ba-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 199 Raven Circle			Amount 9.27	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 2ea290b1-eddd-4d10-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.77	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1701 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 105 South Dale St			Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : ab97a020-97ac-49b3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 105 South Dale St			Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 672aa998-2cb7-4d3b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1702 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 55.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : a4f4b8d4-2224-4848-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 11.10		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 06548836-5f05-4f4e-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.10		
(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 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 18.30		
City Hope Mills	State NC	Zip Code 28348	Transaction ID : 763bdaa0-8ed9-4591-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount Amount 19.74	
City Conway	State AR	Zip Code 72034	Transaction ID : 1bf962c4-b932-43f8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.74
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Grant Fitzgerald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 109 Carpathion Way		Amount 6.90	
City Raleigh	State NC	Zip Code 27615	Transaction ID : 72acfc22-7fee-4118-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 44 Bell St		Amount Amount 22.80	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 67c258b2-6d00-4881-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	Amount 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1707 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 85.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 62eec291-4c23-4451-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 13.80	
City Belmont	State NC	Zip Code 28012	Transaction ID : 62d308cd-fea4-4663-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 9.30	
City Wichita	State KS	Zip Code 67204	Transaction ID : 95b2abcc-eb26-4f8f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address Split Oak Drive		Amount 61.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 42a9ea16-208e-426e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 28 / 2014		
Mailing Address Split Oak Drive			Amount 15.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : 907b9b07-8efa-4bbb-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1710 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1981 Cherokee St			Amount 36.00		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 2873ea18-a448-4eff-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 995 Clairborne Rd			Amount 38.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 8389dc7e-0882-4ed6-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014		
Signature					

Full Name of Payee Daniel M Gauckebush		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 70.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 3fba5ff5-dbd7-4348-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	80.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1712 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 12062 NC 902 Hwy			Amount 33.90	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 71cb69ae-c78f-4aad-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica A Felix			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 873 Stoneykirk Dr			Amount 15.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 0bc9b007-6f83-4e81-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			48.90	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount Amount 4.50	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 7f3e975c-d558-4f85-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1714 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 72.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : 57a102f4-e345-4179-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 47.70	
City Carriere	State MS	Zip Code 39426	Transaction ID : 6f2a5fce-72c8-4f6f-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.20	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1519 Walshtown Rd		Amount 8.10	
City Boomer	State NC	Zip Code 28606	Transaction ID : b26dd84c-e1dd-426d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 20.00	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : e80136c8-b12d-4394-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Andrew Stricklin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2026 West Nettleton Avenue Apt 2			Amount 14.40		
City Jonesboro	State AR	Zip Code 72401	Transaction ID : 94475beb-4524-4c3e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
District: 00 State: AR					
Calendar Year-To-Date Per Election for Office Sought		286951.71			
Disbursement For: ☐ Primary ☒ General		☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1718 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2207 SE 64th St			Amount 40.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : 890e5cba-9404-4be9-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2207 SE 64th St			Amount 2.61	
City Topeka	State KS	Zip Code 66605	Transaction ID : b6d57ff5-e5f1-44e5-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.61	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1719 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 211 Dixie Ave			Amount 60.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 3ef243f2-bbd5-43a6-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 211 N Ashley Park			Amount 35.00		
City Wichita	State KS	Zip Code 67212	Transaction ID : d06af25f-5db2-4e0a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1720 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 211 N Ashley Park			Amount 4.20	
City Wichita	State KS	Zip Code 67212	Transaction ID : b2d4d3e9-738a-48bc-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rielly McMillion			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2501 Boone Trail			Amount 24.20	
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : afc432a0-640b-4a83-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1721 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 915 East Market Ave			Amount 100.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 1792806a-00be-457f-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 915 East Market Ave			Amount 146.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : 6396d0a2-f14c-4c1e-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			246.40	
(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 11 / 24 / 2014

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 40.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8518ead3-fcfc-4704-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount \$ 12.90	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 7496736a-50ff-4093-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits above it:

- 11: M M
- 24: D D
- 2014: Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1723 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 8822 Apple St		Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 97209b9e-31ec-45e6-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 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 8822 Apple St		Amount 9.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : dddd2e94-8a7d-4ba5-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 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1724 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 924 N. Prieur St			Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : e5eed9d1-fb88-44eb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d4f86368-078b-4a9b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature _____				

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6412 Osage Dr		Amount 4.26	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 88f680c1-c331-430c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.26
(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.

Date _____

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : e0c5e265-7cf5-4624-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 1434 South Avenue			Amount 23.40		
City Eden	State NC	Zip Code 27288	Transaction ID : 2fe96a43-688d-4fd4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	123.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1727 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Brittany Jones		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 338 Wayne Drive		Amount 7.00	
City Shreveport	State LA	Zip Code 71105	Transaction ID : 8b507172-4f62-4822-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Luke S Buren		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 415 E Carroll		Amount 22.50	
City Macomb	State IL	Zip Code 61455	Transaction ID : c7b851c1-8dca-4fb9-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71		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]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount Amount 45.00	
City Azle	State TX	Zip Code 76020	Transaction ID : 96922e6f-5bd8-4fce-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.68
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Amber N Robbins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1074 A Cottrell Hill Rd Apt A		Amount 20.00	
City Lenior	State NC	Zip Code 28645	Transaction ID : f4a51330-2b0f-429f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1730 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 40.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 1353f947-70b7-401f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 12.06	
City Cary	State NC	Zip Code 27519	Transaction ID : d49e3ec3-6639-405d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.06	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1731 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 9653 Nations Dr			Amount 22.50	
City Springdale		State AR	Zip Code 72762	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 35.00	
City Charlotte		State NC	Zip Code 23215	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			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 <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1732 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 2.70	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 39b6ea3a-7992-4cf1-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Erissia Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 11005 Oak Forest Pkwy Dr Apt F			Amount 25.00	
City Saint Louis	State MO	Zip Code 63146	Transaction ID : 0503ed7b-9a5b-43ff-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2565 Shire Circle		Amount Amount 50.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : ac000fa5-5e0d-4551-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 813 Worthington Way			Amount 12.50		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 93dd18e2-b300-41ce-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 813 Worthington Way			Amount 4.80		
City Wilmington	State NC	Zip Code 28411	Transaction ID : bed3edd4-569d-428d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	17.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1736 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 24.20	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 3e0254f8-2318-4280-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 3.90	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 5bfafbc4-3ec4-4f22-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			28.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 134 Shore Crest Circle		Amount 12.90	
City Carrire	State MS	Zip Code 39426	Transaction ID : c1490197-a15b-4e0d-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1738 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1830 College Height Rd			Amount 25.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : eed21138-b249-4be2-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1830 College Height Rd			Amount 4.80	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 5eed2654-22c6-463d-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			29.80	
(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 11 / 24 / 2014

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 4106 Martha St		Amount 9.60	
City Shreveport	State LA	Zip Code 71109	Transaction ID : df1db953-c8b3-44c4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 298625.67		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1740 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 40.00		
City West Monro		State LA	Zip Code 71291		Transaction ID : 36e81952-d3d3-43f7-9 Date of Disbursement or Obligation 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 11.40		
City West Monro		State LA	Zip Code 71291		Transaction ID : 8387f60c-b427-4330-8 Date of Disbursement or Obligation 10 / 28 / 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 298625.67			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 Signature			[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1741 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 14.50	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 134a6004-4b24-4d89-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 6.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : cb6e0e0c-fd97-44d9-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1742 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2183 Spokane Rd			Amount 60.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 2e6906ca-efeb-4e59-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2183 Spokane Rd			Amount 12.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 69cc4502-311a-4e7e-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 9425 Jessica Drive		Amount 14.70	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 1f56caee-7848-417e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1744 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 41176 Bertville Rd			Amount 35.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 05bbacf5-1286-41d8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 41176 Bertville Rd			Amount 6.48	
City Gonzales	State LA	Zip Code 70737	Transaction ID : b17339c7-4a1c-4af3-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.48	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1117 Clipper Dr		Amount 1.02	
City Slidell	State LA	Zip Code 70458	Transaction ID : d64578d3-eae0-4ea8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Josh R Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1531 N Ridgewood Dr		Amount 27.50	
City Wichita	State KS	Zip Code 67208	Transaction ID : bed82e8c-0552-49be-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1747 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 10.05	
City Wichita	State KS	Zip Code 67208	Transaction ID : dde8f961-a218-4f59-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2226 Enloe St			Amount 25.00	
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 578629fd-33f9-401e-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			35.05	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1748 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 504 Green Meadow Dr			Amount 60.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 73896194-01fb-4497-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Noah J Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 41174 Bertville Rd			Amount 35.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c676c548-0362-4431-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1749 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 70.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 78df2512-55a6-4c43-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 28.80	
City Picayune	State MS	Zip Code 39466	Transaction ID : d6f8bfe8-e938-4f90-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 30.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 102b7b02-c4d8-441e-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Marilyn A Holt		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 314 Tumbleweed Dr		Amount 10.80	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 76a42b55-164c-42da-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....		40.80
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1751 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 314 S Main St		Amount 77.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 17e54b58-fdc8-4408-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 314 S Main St		Amount 17.58	
City Roxboro	State NC	Zip Code 27573	Transaction ID : b8010182-331c-48d6-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 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		95.08	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of 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 11 / 24 / 2014	

Full Name of Payee Ruthie M Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 286 Wrenn Drive		Amount 4.20	
City Lexington	State NC	Zip Code 27292	Transaction ID : 252ccc66-196d-4f1e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		34.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1753 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chelsea E Cornett			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 6279 Marathon Edenton Rd			Amount 50.00	
City Blanchester	State OH	Zip Code 45107	Transaction ID : efcfb1f5-d79b-4d1d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 970f7a71-03de-4add-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 15.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : 7d5d5bae-1876-4ea5-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3002 Darden Rd Apt A		Amount 75.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 4d509029-f084-4ee3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 40.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : cfdb4729-7cf7-44aa-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1756 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 103 Glenhaven Ct			Amount 4.80	
City Harvest	State AL	Zip Code 35749	Transaction ID : ca840daa-b306-4825-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeremiah A Margeson			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 6624 Devon Drive			Amount 50.00	
City Liberty Township	State OH	Zip Code 45044	Transaction ID : 852e01ca-6a32-443b-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1757 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeremiah A Margeson			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 6624 Devon Drive			Amount 39.00		
City Liberty Township		State OH	Zip Code 45044		Transaction ID : 17e24522-1d81-4952-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 110 W Pecan St			Amount 50.00		
City Ville Platte		State LA	Zip Code 70586		Transaction ID : 1978bf01-fe30-4412-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1758 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 110 W Pecan St			Amount 38.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : bd623c17-a674-485e-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 42.50		
City Monroe	State LA	Zip Code 71212	Transaction ID : c19424a4-83dc-4173-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1759 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 4.50		
City Monroe		State LA	Zip Code 71212		Transaction ID : 9ced391a-dc8c-4269-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1851 S Laura St			Amount 35.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 29200d35-f7db-439e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1760 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1851 S Laura St			Amount 6.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 0ba015b3-511f-4d26-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : aa50e8a3-4942-4e6b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1761 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 605 W Houston St			Amount 48.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : f5c019b7-f655-4dde-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Adam L Clark			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1851 S Laura St			Amount 35.00		
City Wichita		State KS	Zip Code 67211		Transaction ID : 1518b12f-7dd3-42fd-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Krystal A Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 448 Judson Dr		Amount 22.50	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 20f569f5-1985-404e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1763 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 450 Judson Dr		Amount 22.50
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 6414d216-ee80-4d11-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 450 Judson Dr		Amount 1.50
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 4b670dcd-88a9-43eb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 9680d7b2-c458-404b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 3.90	
City Marrero	State LA	Zip Code 70072	Transaction ID : 77e7b5a7-558d-437e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	53.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1765 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2517 N 47th St			Amount 55.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 24fc6efa-8c53-4c4e-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 300 Evangeline St			Amount 50.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 7b6b7410-6c98-4180-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1766 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 300 Evangeline St			Amount 7.50		
City Monroe	State LA	Zip Code 71201	Transaction ID : 7a26929d-0973-49a2-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 1254 Fleming St Apt 6			Amount 85.00		
City Conway	State AR	Zip Code 72032	Transaction ID : 974b4bf0-7859-455e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount Amount 25.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : deb0647a-721a-4177-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought Amount 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.78
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 200 Carawood Lane		Amount 57.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : a2fe8f22-dfef-4740-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1769 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 200 Carawood Lane		Amount 16.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : ed5a83e7-aca9-43a9-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2506 Bolch Street		Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 85d55e30-4b29-494a-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.50
(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

11 / 24 / 2014

Signature

Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2506 Bolch Street			Amount 25.80		
City Shreveport	State LA	Zip Code 71104	Transaction ID : e7806187-06ad-42ef-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Brenda K Billington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 437 Roberson Creek Rd		Amount 75.00	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : 026ddc7b-1c32-4bcc-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 7863258e-c08e-4fc9-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1772 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 18.60	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e743dbc2-ad19-45f5-8 Date of Disbursement or Obligation 10 / 28 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 416 Vine Dr			Amount 70.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : e45b46e2-a633-4932-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			88.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Rebecca A Shearer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6544 Arno College Grove Rd		Amount 80.00	
City College Grove	State TN	Zip Code 37046	Transaction ID : 2d2b0546-6c0a-4cb3-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1774 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 6544 Arno College Grove Rd			Amount 24.90	
City College Grove	State TN	Zip Code 37046	Transaction ID : 89deaac2-8761-4ae3-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1900 Glen West Way			Amount 95.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6ef2b8ff-0b4c-45a6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount Amount 25.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 26c5a515-0aa8-439d-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1776 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 12.90	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 3456077a-d2b3-4440-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 3.33	
City Morehead	State NC	Zip Code 28557	Transaction ID : df318ace-2639-4075-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.23	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1777 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1505 Dills Creek Lane			Amount 1.20		
City Morehead	State NC	Zip Code 28557	Transaction ID : dd8639d9-a814-4b73-b Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 3 Girard			Amount 100.00		
City Fort Smith	State AR	Zip Code 72901	Transaction ID : fe8db4bb-544b-4695-8 Date of Disbursement or Obligation 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.20		
(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 11 / 24 / 2014		
Signature					

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3 Girard St		Amount 40.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 9456ea37-14a6-47d2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1779 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 3 Girard St			Amount 13.80	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : f5c6a0fd-053b-47b7-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 60.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : adb603ef-42b7-4e15-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			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.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1780 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 915 East Market Ave		Amount 80.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 3937d635-4e04-4837-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 915 East Market Ave		Amount 62.10		
City Searcy	State AR	Zip Code 72149	Transaction ID : 21ea3226-c71c-47b8-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		142.10		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 3041 SW Burlingame Rd			Amount 14.10		
City Topeka	State KS	Zip Code 66611	Transaction ID : e8ffc2c0-95b5-44d7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1782 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 37.50	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 42f54347-f5c1-4a00-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 12.90	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 31d580a0-e750-4392-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1783 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 65.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : f8ff2ef7-27c4-4ddf-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Samantha Howell			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 4849 N Glendale			Amount 37.50		
City Bel Aire		State KS	Zip Code 67220		Transaction ID : 6b597340-e26a-478c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 11 / 24 / 2014		
			[Electronically Filed]		

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 100.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 621be4fc-ccb1-4e45-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 99.99	
City Hesston	State KS	Zip Code 67062	Transaction ID : a8f7a25d-1244-4a8b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 40.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : a0d7f50b-942e-4ec7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 204 W 9th St		Amount 35.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : eaf67cda-5edc-4bbd-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address PO Box 398		Amount 40.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : e5b012d8-3e0c-449f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1788 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address PO Box 398			Amount 36.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : 5d8854f2-e33c-4223-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Devan J McNeil			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2521 Corolla Hills Dr			Amount 20.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 5e04040e-5147-421b-9 Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			56.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1789 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Devan J McNeil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2521 Corolla Hills Dr		Amount 5.10	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ae7e9187-a4fa-46b0-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 40.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 596e5e64-8c41-41b0-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	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.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kaitlin E Taylor		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10322 Pottinger Rd		Amount 45.00	
City Cincinnati	State OH	Zip Code 45251	Transaction ID : be60be9c-483b-4a50-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1791 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 100.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : aced7dab-8199-4e24-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 26e310e7-4f0e-4e0e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1792 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 205 Medallion Circle			Amount 39.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a53d8ce7-6f86-4a15-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1410 Bushville drive			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 24977bca-eea6-43de-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			139.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1809 N Woodlawn		Amount 4.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : f63a0bbb-1f9a-44a9-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1794 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 40.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e8aa19e2-3c8a-4466-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 10.80	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 00a6f08c-45a9-497b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			50.80	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1795 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 50.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : ec9bea73-4016-4894-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 2.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : cb5ff0ce-76e7-4f40-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 458 S Glendale			Amount 35.00		
City Wichita	State KS	Zip Code 67218	Transaction ID : 559281b7-7973-4b1e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 458 S Glendale		Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 029ff146-e445-432d-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1797 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 14566 NW 110th St		Amount 55.00	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 7473f265-f12c-44ae-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 14566 NW 110th St		Amount 20.10	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 6cd48bd9-d45d-4299-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		75.10	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9685 Paula St			Amount 44.70		
City Keithville	State LA	Zip Code 71047	Transaction ID : 9a1c4e01-fd42-4c7f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	144.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 90.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : bef42e54-693f-4321-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1800 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 12.90		
City Wichita		State KS	Zip Code 67216		Transaction ID : 45375993-6ee5-4982-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 9685 Paula St			Amount 100.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 78b71a23-01ab-4cd8-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			112.90		
(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 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1801 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 9685 Paula St			Amount 53.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 29c29ff1-3dda-4617-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 13827 S E 44th St			Amount 60.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 34287c0c-3ab7-4ef1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			113.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1222 SE 44 St		Amount 90.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 440ac8b9-cd88-4933-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		135.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1803 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1222 SE 44 St			Amount 6.63	
City Topeka	State KS	Zip Code 66609	Transaction ID : 1932b321-5c43-41fd-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 20.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 414ae2ef-0ff1-48ff-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.63	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1804 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1103 West Wilson Street			Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ff371e4a-e100-43fa-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1103 West Wilson Street			Amount 23.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : a5075c57-1124-4abf-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1805 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address PO Box 398			Amount 60.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : e9f332f6-f607-459b-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address PO Box 398			Amount 45.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 22e36b71-ee71-49fc-9
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1806 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 4691 Hercules Lane		Amount 90.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : fa15cdad-6f36-48d5-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sasha L McClure		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2914 Anderson Rd		Amount 23.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 3af7f97d-484c-45b6-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		113.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 2914 Anderson Rd			Amount 7.50		
City Burlington	State NC	Zip Code 27217	Transaction ID : aca7e168-4e64-4c92-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
		30.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1808 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 80.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 5b1f618d-c2b2-4b92-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 34.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : ed7e539a-81b4-48f7-b Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1809 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 2c4bd7bc-a0d4-42de-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 100 Asbury Ct			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 109d4ec7-c038-4939-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee OLynda Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10000 Mount Pleasant Rd		Amount 15.90	
City Midland	State NC	Zip Code 28107	Transaction ID : a5989145-46c1-4d20-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☐ President	District: 00 State: NC ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1811 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 1110 N Coolidge			Amount 102.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 77c9ad14-1c76-4859-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 1110 N Coolidge			Amount 18.66		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 0c8077b2-d8a2-48b0-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			121.16		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 18.66	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 7dd2bf27-7aa2-450f-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		121.16
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 100 ASBURY CT		Amount 75.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 1aa66881-211d-4b7e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 100 Asbury Ct		Amount Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : d341b8e2-1b77-415a-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Talía J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9513 Beverly Dr			Amount 5.40		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 25a4f933-7ccf-49da-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 1915d291-c724-4a0e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1817 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 101 Asbury Ct		Amount 77.50	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6bf30e8f-125c-4426-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1090 McHone Rd		Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 58c48ad5-8c4e-47c7-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		132.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1025 Cayley Ct		Amount 25.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 264d1945-5149-4ed6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	135.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : df1c62ef-2e02-4ef9-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 3007 Darden Rd		Amount 20.10	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6b5e81cd-2031-45cf-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1820 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination 10 28 2014		
Mailing Address 3007 Darden Rd			Amount 80.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 97d6056c-0094-4c74-8 Date of Disbursement or Obligation 10 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination 10 28 2014		
Mailing Address 1025 Cayley Ct			Amount 107.50		
City High Point	State NC	Zip Code 27260	Transaction ID : dd96fbea-bf59-4cec-9 Date of Disbursement or Obligation 10 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			187.50		
(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 11 24 2014	

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 4902 Catawba Dr		Amount 110.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c2fb8ee-5640-433f-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1822 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 4902 Catawba Dr			Amount 25.50	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 2d761eae-b0eb-413f-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 30217 Crook Rd			Amount 25.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 736b7c42-be6f-4bf1-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1823 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 30217 Crook Rd			Amount 27.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 0fa09371-90b0-4dbc-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 45ce93db-40f0-4d5b-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1824 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 629 Radiance Ave		Amount 9.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 38e8d918-ba9c-4ed0-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 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 4310 N Mission Rd		Amount 43.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : a123bfd5-162d-4191-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.40	
(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 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1825 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 4310 N Mission Rd		Amount 7.65
City Bel Aire	State KS	Zip Code 67226
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e58fd373-9016-454a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 80.00
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : aedf6b3e-2cdb-45cc-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	87.65
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1826 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 9.60	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 9178adca-f19c-4c54-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josiah B Beal			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd			Amount 30.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : c4f59491-bf25-49c9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 6.30	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 8c32c77e-bea9-4019-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1828 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1700 E Part Ave		Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 5001dc8c-f0c1-429d-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1700 E Part Ave		Amount 50.52	
City Searcy	State AR	Zip Code 72149	Transaction ID : d94662cf-7903-4deb-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.52
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1829 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 25.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 897064a9-868a-4705-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 51fdaa80-288d-4851-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 05ba4cb9-b262-4008-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 100.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 6252114e-64cf-4528-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	229.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 3f772554-e2b7-4911-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	223.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1833 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 905 Lake Drive			Amount 17.40		
City Shelby	State NC	Zip Code 28152	Transaction ID : e50196f4-dc6d-4e95-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marisa E Surdyke			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 1020 N 2nd Street			Amount 31.20		
City Atchison	State KS	Zip Code 66002	Transaction ID : ad5af6d4-d7e6-40a2-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1834 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 2530 Brook Stone Dr		Amount 90.00		
City Clemmons	State NC	Zip Code 27012	Transaction ID : 4cdd138d-1003-40a0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 2530 Brook Stone Dr		Amount 15.90		
City Clemmons	State NC	Zip Code 27012	Transaction ID : be6d2d89-0870-4b30-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		105.90		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1835 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 18065 Wayne Rd			Amount 160.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : 24820882-bd80-4955-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 160.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 9513ffaa-9834-47ff-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			320.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1836 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 129.54	
City Elgin	State SC	Zip Code 29045	Transaction ID : 21da98e3-abd6-4318-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 600 W Vine Ave		Amount 135.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1d053f04-bd7a-46ff-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		264.54	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1837 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph Dockers			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address !000 Fairway Dr			Amount 40.00		
City chesapeake	State VA	Zip Code 23320	Transaction ID : acb9902c-1709-4fd5-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 28 / 2014		
Mailing Address 407 randall Dr			Amount 135.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : e6450736-79e2-45b1-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 28 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			175.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1838 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 407 randall Dr			Amount 111.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 125a4fae-653c-4d6f-9 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James E Dacus			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 117 Cynthia Ave			Amount 20.00	
City Farmington	State AR	Zip Code 72730	Transaction ID : 6f569374-0a3f-43b0-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 / 24 / 2014		

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1211 Treaty Rd		Amount 30.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 4dab7f02-d38a-41b5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1840 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 1211 Treaty Rd		Amount 7.20
City Delphos	State KS	Zip Code 67436
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 11cb7455-684e-42c1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014
Mailing Address 804 Roundabout Circle		Amount 135.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 13841d9d-1b44-4067-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	142.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2121 Daniel Dr		Amount 135.00	
City	State	Zip Code	Transaction ID : 36b8486f-83fd-475e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2121 Daniel Dr		Amount 147.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : a29c0e89-5e37-4d48-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	282.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 506 N Horton Street		Amount 25.20	
City	State	Zip Code	Transaction ID : 8b0d8c04-5ba9-4cad-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
286951.71			

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 60.00		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : 66359cf0-efa0-45b0-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 8.40		
City Snowcamp	State NC	Zip Code 27349	Transaction ID : c3190592-eeeb-4a37-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 157 Bishop Drive		Amount 75.00	
City Avondale	State LA	Zip Code 70064	Transaction ID : 8e6264a2-800b-48e4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 157 Bishop Drive		Amount 4.50	
City Avondale	State LA	Zip Code 70064	Transaction ID : a120a670-c3fd-4506-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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	298625.67	Disbursement For: ☐ Primary ☒ General	2014 ☐ Other (specify) ▶

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 35.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 23ccc14a-701a-4865-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 9.90	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4fe46f9a-b134-48e1-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount Amount 40.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 3e6a8f7f-bf1a-4411-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 0a6b6e7f-97ba-4234-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1848 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 633 Scott Dr		Amount 90.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 67ccaf11-f5ef-4572-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 633 Scott Dr		Amount 90.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : d7dfa1a7-658d-4a44-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: House		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1849 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 633 Scott Dr			Amount 11.40	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 35d86f94-1315-43b3-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 698818f5-2009-47e0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			91.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1850 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 522b69f9-ce3a-4558-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 8.70	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7e533239-313e-4822-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 23.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 3d9f4772-eb37-4645-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		113.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1852 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 8.43		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : b71f7cbe-16e4-4be1-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 23.00		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : 0645389e-eece-4589-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.43		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 40.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : e0165e0f-5d83-4a2e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chance B Ross			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 920 W Gracewood Apt 106			Amount 21.00		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 2c5abb8e-6a3a-4719-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1854 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 40.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : c75e8776-fcd7-4b1f-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 16.20	
City Wichita	State KS	Zip Code 67216	Transaction ID : 132425f1-86ae-44cd-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		56.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1855 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1001 N Prospect		Amount 15.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 5249add1-938d-483e-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 1001 N Prospect		Amount 0.90	
City Liberal	State KS	Zip Code 67901	Transaction ID : 200f4022-48b0-401d-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		15.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1856 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 16864 Stillwell Rd			Amount 10.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : de7efd1e-358f-4c37-a Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 16864 Stillwell Rd			Amount 6.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 1af55eee-73b3-4a38-8 Date of Disbursement or Obligation 10 / 28 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1857 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 40.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : 078c0972-cea5-4439-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 6.30	
City Wichita	State KS	Zip Code 67213	Transaction ID : 78aa3e3a-20c0-4be5-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		46.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1858 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 6894 106th			Amount 10.00	
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 49852378-acd5-4abc-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination 10 / 28 / 2014	
Mailing Address 6894 106th			Amount 6.00	
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 37cbfe59-7962-4367-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 28 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			16.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1859 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Deborah L Fulthorp		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4113 Melissa Dr		Amount 45.00	
City Farmville	State NC	Zip Code 27828	Transaction ID : da31e119-aca5-427e-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 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Deborah L Fulthorp		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4113 Melissa Dr		Amount 12.60	
City Farmville	State NC	Zip Code 27828	Transaction ID : dec519d3-db1f-4fd5-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 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	57.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1860 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd			Amount 60.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : c8fa601d-48a8-4df3-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1691 Fork Mtn Rd			Amount 25.20	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 3a0cc053-39a9-4c2f-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 3.60	
City Charlotte	State NC	Zip Code 23215	Transaction ID : c51f719f-e875-4e48-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 184 South Military Rd		Amount 20.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : dd12cb33-b1d0-4ed3-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aaron R Cowart		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 184 South Military Rd		Amount 9.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : ded88a98-074a-4241-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1075 1638 1364 1642"> <tr> <td data-bbox="1075 1638 1364 1642">29.00</td></tr> </table>	29.00
29.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1075 1642 1364 1648"> <tr> <td data-bbox="1075 1642 1364 1648"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1075 1648 1364 1654"> <tr> <td data-bbox="1075 1648 1364 1654"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1863 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2914 Anderson Rd			Amount 35.00		
City Burlington	State NC	Zip Code 27217	Transaction ID : 8b063fd9-0977-442f-a Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2914 Anderson Rd			Amount 7.20		
City Burlington	State NC	Zip Code 27217	Transaction ID : 49b9555b-061b-4864-8 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.20		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1864 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 40.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 171ba897-02a4-404e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 11.49	
City Wilmington	State NC	Zip Code 28411	Transaction ID : e0602a1d-c777-4cf8-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.49	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 1981 Cherokee St			Amount 6.12		
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 5113eb91-80a2-4cc9-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		298625.67	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.12
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 33.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : 0a56e566-4ec4-400a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
District: <u>00</u> State: <u>AR</u>					
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	133.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1867 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address PO Box 37			Amount 55.00	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 0f6c5faa-ce98-476f-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address PO Box 37			Amount 11.85	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 1f351d0c-c2e9-4edf-b Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.85	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1868 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address PO Box 37			Amount 55.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 1726fc0b-5e82-4f29-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 1510 Bailey St			Amount 75.00		
City West Monroe		State LA	Zip Code 71292		Transaction ID : 1277bf67-8b32-4624-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date / / 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1869 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1905 Franklin Ave			Amount 35.00	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 1a29d14d-938d-45af-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1905 Franklin Ave			Amount 12.81	
City New Orleans	State LA	Zip Code 70117	Transaction ID : 15512c29-31a1-4182-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.81	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1870 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 106 Hillside St		Amount 67.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 9723243b-49dd-4e91-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 106 Hillside St		Amount 40.53	
City Spindale	State NC	Zip Code 28160	Transaction ID : 5492f4ef-9f96-460e-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108.03
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Misty A Ledford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 44 Bell St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : c7ed81b8-a2e8-47ea-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 6befddae-0ecc-40bc-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1873 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 995 Clairborne Rd		Amount 34.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : acb67946-726d-4e57-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 995 Clairborne Rd		Amount 13.50	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 37b4e2ed-0b97-4938-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		47.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 638 Sawyer Rd			Amount 8.40		
City Hays	State NC	Zip Code 28635	Transaction ID : 72b1ea63-dff3-4015-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	30.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1875 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Samantha S Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 638 Sawyer Rd		Amount 25.00
City Hays	State NC	Zip Code 28635
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : bdf1dbb2-e6a6-4503-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 2226 Enloe St		Amount 10.00
City Fayetteville	State NC	Zip Code 28306
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1e6fbfa6-6ae0-40aa-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1876 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address Split Oak Drive			Amount 60.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : d25d8062-54e0-41fa-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address Split Oak Drive			Amount 16.20	
City charlotte	State NC	Zip Code 28227	Transaction ID : a03f50ef-da2c-43bb-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1877 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 211 Dixie Ave		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 3d80733a-0923-4942-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2207 SE 64th St		Amount 60.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : f4a07958-5fab-43e2-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		95.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1878 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2207 SE 64th St		Amount 11.64	
City Topeka	State KS	Zip Code 66605	Transaction ID : 49067fbe-83b5-422f-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel M Gauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 60.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 5da60d77-ba4e-440a-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		71.64	
(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		Date 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1879 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Daniel M Qauckenbush			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 12062 NC 902 Hwy			Amount 20.40	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 76814ced-9fed-4857-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1830 College Height Rd			Amount 30.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 5613d5b6-49a7-4048-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			50.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1880 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 1830 College Height Rd			Amount 8.10		
City Manhattan	State KS	Zip Code 66502	Transaction ID : 9c6b52eb-8fed-4d45-9 Date of Disbursement or Obligation / / 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination / / 10 / 29 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 45.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 98e6a48d-f9d7-40ce-b Date of Disbursement or Obligation / / 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 53.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1881 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 202 Rue Des Cajun		Amount 14.70		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : de3d6f14-6a9f-401b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia T Grant		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 134 Shore Crest Circle		Amount 50.00		
City Carriere	State MS	Zip Code 39426	Transaction ID : 103fdaea-b094-48d9-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		64.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1882 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Virginia T Grant			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 134 Shore Crest Circle			Amount 6.60		
City Carriere	State MS	Zip Code 39426	Transaction ID : 1868b707-a976-4cb6-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christine R McDonald			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3751 N Jeanette Ave			Amount 59.00		
City Wichita	State KS	Zip Code 67204	Transaction ID : 57b46921-122b-4017-a Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Sasha L McClure		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2914 Anderson Rd		Amount 35.00	
City Burlington	State NC	Zip Code 27217	Transaction ID : 4b075c7e-8212-4cb5-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1884 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 488 Broadwell Dr		Amount 50.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : 8963d99f-abc0-4b1a-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: AR		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 286951.71			
Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4310 N Mission Rd		Amount 53.50	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : e51c7c37-d6c8-49e5-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 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: KS		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 256632.98			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		103.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9653 Nations Dr		Amount 25.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : f401b973-6c82-42c3-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		41.11
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1886 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 9653 Nations Dr			Amount 14.70		
City Springdale		State AR	Zip Code 72762		Transaction ID : dea6c309-1949-4f52-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 415 E Carroll			Amount 25.00		
City Macomb		State IL	Zip Code 61455		Transaction ID : 1f706151-f575-4a55-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on	

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2319 West Oak		Amount 50.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : a3e06648-1b55-4f82-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2319 West Oak		Amount 5.82	
City El Dorado	State AR	Zip Code 71730	Transaction ID : 2cc538cd-58e5-49ec-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	55.82
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 70.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : b7e0362a-cf4d-4b6c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 416 Vine Dr			Amount 80.00		
City Lawrence	State KS	Zip Code 66049	Transaction ID : a392c81d-7191-4923-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1889 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination 10 / 29 / 2014
Mailing Address 416 Vine Dr		Amount 9.90
City Lawrence	State KS	Zip Code 66049
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : f99d5fd9-becd-4b38-a Date of Disbursement or Obligation 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination 10 / 29 / 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 : 821790c4-b295-4e60-a Date of Disbursement or Obligation 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.90
(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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1890 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Mattie Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3654 Tara St		Amount 3.60	
City springdale	State AR	Zip Code 72762	Transaction ID : 6d6897ba-9eb8-4dd0-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 9425 Jessica Drive		Amount 40.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 5d4793f0-eba5-4aa2-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1891 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 9425 Jessica Drive		Amount 14.10	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 5cbacb01-1069-4e5c-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 75.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0a81cc97-e9a6-4c1a-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		89.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1892 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 42.60	
City Picayune	State MS	Zip Code 39466	Transaction ID : 4f2c1914-ce0b-4248-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 10.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : cdda18f7-3f16-4bec-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1893 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Diane Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 4006 Wolkswalk Place		Amount 6.30
City Raleigh	State NC	Zip Code 27610
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 051b76dc-e545-41f8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 2517 N 47th St		Amount 45.00
City Milwaukee	State WI	Zip Code 53210
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0e3c3e86-6261-44d8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	51.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1434 South Avenue		Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 49739b5f-0813-4b49-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 1434 South Avenue			Amount 18.60		
City Eden	State NC	Zip Code 27288	Transaction ID : 700da0b5-019c-458a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	118.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1895 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 80.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : e3ed4cbb-fa30-4d62-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee William M Criswell			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 115 Burns Mitchell Drive			Amount 9.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 83e7a5a8-70b7-4a3a-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1896 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 209 Hillside Dr			Amount 10.00	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : 063317c1-c178-46d9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jane M Kesinger			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 209 Hillside Dr			Amount 1.56	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : aa1f9f3e-73a5-4941-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.56	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1897 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : c933753f-0fee-4fa0-b Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 24.90	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 8adc26a7-a835-47b5-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.90	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 30.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : f25d20f0-e9db-47da-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1899 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3847 SW Atwood Terrace			Amount 17.40		
City Topeka	State KS	Zip Code 66610	Transaction ID : 41b16f3f-ab83-47ca-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jonathan P Barnell			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 3847 SW Atwood Terrace			Amount 45.00		
City Topeka	State KS	Zip Code 66610	Transaction ID : b95fd5a0-7e2b-493a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1900 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2134 Oxford Dr			Amount 30.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 2ce733cc-591a-44e1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2134 Oxford Dr			Amount 1.11	
City Salina	State KS	Zip Code 67401	Transaction ID : abf8db70-31ea-4930-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.11	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1901 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9901 Floyd St			Amount 60.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 620702fa-0fe7-4f37-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 9901 Floyd St			Amount 12.30	
City Overland Park	State KS	Zip Code 66212	Transaction ID : b77de3df-7743-428c-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			72.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5003 Allison Lane		Amount 70.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : edb2e468-67cd-47ed-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5003 Allison Lane		Amount 1.50	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 3393463b-7e08-45b4-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 402A N 10th St			Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 04a3745c-e732-4f2a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 402A N 10th St			Amount 1.80	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 488187c7-57bd-46eb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			21.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1904 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 510 Haymaker Hall			Amount 20.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 70fcdb4e-593d-404e-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 510 Haymaker Hall			Amount 1.50	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 27c4ffe9-53ba-4bc4-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1905 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Josiah B Beal		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 35.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : d36cf543-5580-4988-a Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination / / 10 / 29 / 2014	
Mailing Address 3 Girard St		Amount 70.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 42a204ff-8dea-4960-a Date of Disbursement or Obligation / / 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1906 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 3 Girard St			Amount 18.60	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : f08b03e9-ecfe-44a4-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachariah T Beal			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd			Amount 35.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 1b7d4cc9-d0dc-48b2-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			53.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1907 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 7.80	
City El Dorado	State KS	Zip Code 67042	Transaction ID : c15b3729-e96a-4dc4-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3 Girard		Amount 90.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 73d824db-9eb4-41fe-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 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		97.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Katie A Barros		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address PO Box 398		Amount 50.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 5a463b0c-de72-4ee9-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	73.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1909 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address PO Box 398			Amount 42.60		
City Neosho		State MO	Zip Code 64850		Transaction ID : c2a5853a-4b07-4f61-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 Y Y 10 / 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 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary R Kirkland			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 504 Green Meadow Dr			Amount 50.00		
City Boyd		State TX	Zip Code 76023		Transaction ID : 5bb39c46-274b-4872-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 Y Y 10 / 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 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					92.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1910 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 40.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 2bc4314a-0c89-4788-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7edeb8df-e708-4b63-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1911 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9685 Paula St			Amount 35.70	
City Keithville		State LA	Zip Code 71047	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1222 SE 44 St			Amount 80.00	
City Topeka		State KS	Zip Code 66609	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			115.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 52.50	
City Cary	State NC	Zip Code 27519	Transaction ID : f772e7bc-3457-49a8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1913 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 110 Bridge gate Dr			Amount 9.66	
City Cary	State NC	Zip Code 27519	Transaction ID : e5c55434-5d3a-42a1-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 85.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e61348ea-e319-484f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 12.84		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ff131557-c1d7-40fb-8 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 60.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : 2466960a-d391-4bbf-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.84		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4106 Martha St		Amount 9.60	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 799049d7-70a6-442f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1117 Clipper Dr		Amount 19.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : b33213e6-ccdd-4333-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1117 Clipper Dr		Amount 1.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : acb5c5b4-d57c-4bd8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....		20.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1917 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 6108 Harkins Ave			Amount 85.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : a8d37f0c-df2e-45c7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 6108 Harkins Ave			Amount 32.40	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 447d565b-948c-48f7-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.40	
(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 11 / 24 / 2014

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 30217 Crook Rd		Amount 25.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : f4bebbc0-d10c-414c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 30217 Crook Rd		Amount 15.30	
City Cleveland	State MO	Zip Code 64734	Transaction ID : ba3ad7f0-c7af-409a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1919 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1903 Swan Dr			Amount 115.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : fa3bcb1d-cf35-4ee4-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1903 Swan Dr			Amount 7.20	
City Lenoir	State NC	Zip Code 28645	Transaction ID : cec7370c-4eb3-48ad-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.20	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1906 S Pine Apt B		Amount Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : b62925cc-3773-43dc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 21.90	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : bec18bdb-1b2f-4fe1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Peggy A Sides		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2183 Spokane Rd		Amount MM / DD / YYYY 12.00	
City Fayetteville	State NC	Zip Code 28304	Transaction ID : f5227463-6cde-4e39-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	MM / DD / YYYY 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1922 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount 100.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 65007774-3c64-4ec2-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount 70.20		
City Searcy	State AR	Zip Code 72149	Transaction ID : cdf88c11-ef79-4b35-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.20		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1923 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 70.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 211bf0a1-13bb-40b5-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 26.10	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 31006dc0-1ddb-4707-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 67.50	
City Topeka	State KS	Zip Code 66611	Transaction ID : 0dcde0af-0548-4b9f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 12.30	
City Topeka	State KS	Zip Code 66611	Transaction ID : 40a09f51-5adf-4d21-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	79.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1925 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4177 Lowerline St		Amount 40.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 75508782-3cd4-47c2-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 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4177 Lowerline St		Amount 4.50	
City Slidell	State LA	Zip Code 70461	Transaction ID : 07dcf394-81ee-4b44-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		44.50	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 105 South Dale St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 94fb7e15-4a25-41a1-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 20.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 52eca0ef-a68c-44d8-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC Disbursement For: ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought		1095839.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 105 South Dale St		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e7f82137-cd73-4d01-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1928 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 205 Medallion Circle			Amount 80.00		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 5804c835-503f-4529-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 205 Medallion Circle			Amount 36.90		
City Shreveport		State LA	Zip Code 71119		Transaction ID : 48b73e98-a9b3-4e37-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☐ Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2565 Shire Circle		Amount 65.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : f67c7e2d-d482-4168-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 200 Carawood Lane		Amount 67.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : b99c1598-fa10-4b27-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1930 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 200 Carawood Lane			Amount 29.70		
City Lexington	State NC	Zip Code 27295	Transaction ID : 7ab84122-021e-48d9-8 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 50.00		
City Wichita	State KS	Zip Code 67216	Transaction ID : 11f6b8e8-4293-46ad-8 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 813 Worthington Way		Amount 12.50	
City Wilmington	State NC	Zip Code 28411	Transaction ID : c09c2466-6e2e-4d7f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	19.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1932 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 813 Worthington Way			Amount 3.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : fbfc8705-b6dd-4fe5-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 60.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : f3b8fetc-545b-4f54-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1933 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : fc8c1217-245d-4b69-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2506 Bolch Street			Amount 48.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 3bb17352-02dc-44d4-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.60	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1934 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 409 LaSalle Drive		Amount 80.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : c8bcb263-ac4b-4822-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 409 LaSalle Drive		Amount 6.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 537fb636-5af3-40a9-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1935 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 15.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 68b3e6aa-0001-441f-a Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rachel H Young		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address Box #11543 915 E Market Ave		Amount 4.38	
City Searcy	State AR	Zip Code 72149	Transaction ID : f196e66b-a9eb-463c-b Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19.38	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1936 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 605 W Houston St			Amount 80.00	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : d09ffd5a-15ef-405a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 605 W Houston St			Amount 50.40	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 03a34ac3-4f49-47d0-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 4.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : f0ebd038-bbd9-4ed1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 26.28	
City Conway	State AR	Zip Code 72034	Transaction ID : 7b1baf80-272f-4d89-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 78.28
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 1939 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 9513 Beverly Dr			Amount 22.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 620b27e3-23b8-4dec-8 Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 9513 Beverly Dr			Amount 7.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 6f17fa3a-886f-4522-a Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 110 W Pecan St			Amount 34.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0a621194-df26-4d6b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1941 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 20.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : b17639c5-a0cd-4627-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 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 9685 Paula St		Amount 85.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : a0bc3fde-ce29-4577-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1942 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9685 Paula St			Amount 24.00	
City Keithville		State LA	Zip Code 71047	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 458 S Glendale			Amount 50.00	
City Wichita		State KS	Zip Code 67218	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Jacob Bernas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 458 S Glendale		Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : cbe8dc7c-a013-4d49-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Jessica A Felix		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 873 Stoneykirk Dr		Amount 15.00	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 79ec054a-a643-4ec6-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 404 Chancery Park Ct		Amount Amount 45.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 4d7fe4a6-983e-4bef-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	49.65
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1945 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 0.60	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 5835e0c9-085b-4a51-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9685 Paula St			Amount 90.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : c8ea0248-ad5e-480e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Giordon A Pergola		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 101 Golden Pheasant Dr		Amount 25.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : af84989d-1bec-4965-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1947 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Deanna Candler			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 5116 Highland Rd Apt 79			Amount 30.00	
City Baton Rouge	State LA	Zip Code 70808	Transaction ID : 31ba4d18-5035-4ee4-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1110 N Coolidge			Amount 102.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 8bde2d07-d6d7-4d55-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1948 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1110 N Coolidge			Amount 15.93	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c657bfb1-5a1b-43b3-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 102.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : d9da50c7-7c5d-4705-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.43	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1949 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 15.93	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 6a7a21f2-b4e4-42fe-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 5724 SW Arrowhead Ct			Amount 27.50	
City Topeka	State KS	Zip Code 66614	Transaction ID : f21bb60d-cc97-4d17-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.43	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1950 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 5724 SW Arrowhead Ct			Amount 11.10	
City Topeka		State KS	Zip Code 66614	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 204 W 9th St			Amount 30.00	
City Pittsburg		State KS	Zip Code 66762	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 11 / 24 / 2014				

Full Name of Payee Joshua D Syrotchen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 915 East Market Ave		Amount Amount 100.00	
City	State	Zip Code	Transaction ID : 2fff1a42-a4a3-4aac-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1952 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 915 East Market Ave			Amount 80.40		
City Searcy	State AR	Zip Code 72149	Transaction ID : 4bec5777-b9bd-49b7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 80.00		
City Elgin	State SC	Zip Code 29045	Transaction ID : 62eb5135-6383-4392-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.40		
(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 <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 11 / 24 / 2014		

[Electronically Filed]

Full Name of Payee Kaleigh J Wagner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 18065 Wayne Rd		Amount 45.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : bfbcb8669-f0aa-49d5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	77.37
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1954 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4429 Lagan Circle			Amount 25.00	
City Winterville	State NC	Zip Code 28590	Transaction ID : 0e5987a6-a02c-4d74-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kendyl H Browder			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4429 Lagan Circle			Amount 6.30	
City Winterville	State NC	Zip Code 28590	Transaction ID : 8d2061e2-d624-4413-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address P.O. Box 712		Amount 110.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : b19ef19b-c7fd-4a28-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 10 / 29 / 2014		
Mailing Address P.O. Box 712			Amount 52.20		
City Alexander	State AR	Zip Code 72002	Transaction ID : 3c8e0b12-53d1-4c75-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1956 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 109 Essex Cv			Amount 10.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : bbf1e824-7cd0-4292-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lyndsey R Tarr			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 109 Essex Cv			Amount 4.20	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : c0c043c5-5377-483d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14.20	
(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 11 / 24 / 2014

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 6.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 924428e1-e62e-40af-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jeffrey S Hauge		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 211 N Ashley Park		Amount Amount 67.50	
City Wichita	State KS	Zip Code 67212	Transaction ID : af983f3e-7b55-49ca-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		147.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 211 N Ashley Park			Amount 12.90		
City Wichita	State KS	Zip Code 67212	Transaction ID : 90f3a33e-e52b-4804-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 10000 Mount Pleasant Rd			Amount 80.00		
City Midland	State NC	Zip Code 28107	Transaction ID : f0caccdc0-8630-498b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1960 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 20.70	
City Midland	State NC	Zip Code 28107	Transaction ID : c0248b29-b511-4047-b Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 120.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 620a37a3-3788-4c52-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.70	
(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 11 / 24 / 2014

Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 20.40	
City Wichita	State KS	Zip Code 67216	Transaction ID : 492359a8-014c-461e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Chelsi M Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4254 Eagle Lake Ct		Amount Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 6ab62b00-5c6a-41db-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	Amount 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		40.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 90.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : eeae89e8-8dfd-4e51-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 37.50	
City Hesston	State KS	Zip Code 67062	Transaction ID : 7dc4c4fd-04d2-4cbe-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Jake Mathews		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 6418 East 12 St		Amount \$ 67.50
City Wichita	State KS	Zip Code 67206
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 2f3ef6c1-124c-48d1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ▶ _____ ☐ Primary ☒ General

(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1964 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 6418 East 12 St			Amount 12.90	
City Wichita	State KS	Zip Code 67206	Transaction ID : ca5f726d-ed58-4a73-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 619 W 51st Street South			Amount 40.00	
City Wichita	State KS	Zip Code 67217	Transaction ID : 8b7757b4-1066-4561-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			52.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1965 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Shirley R Gladstone			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 619 W 51st Street South			Amount 5.70	
City Wichita	State KS	Zip Code 67217	Transaction ID : 30fa6238-06e0-48ba-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 543 S 2nd St			Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 43a93834-a258-47a0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			85.70	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1966 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 543 S 2nd St			Amount 7.20	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 2c1d3858-2559-4b7b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 600 W Vine Ave			Amount 110.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : b5fbdc75-a888-4bda-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1967 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 600 W Vine Ave			Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 8809a10b-c5c2-4899-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2520 Helmstetter Rd			Amount 65.70	
City Lexington	State NC	Zip Code 27295	Transaction ID : 5b680b46-0784-48a0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			95.70	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1968 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 10.80	
City Lexington		State NC	Zip Code 27295	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : b28cc7cd-32ff-4ad0-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 633 Scott Dr			Amount 70.00	
City Gibsonville		State NC	Zip Code 27249	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 3e995eb4-e9ab-4db7-a Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1969 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 633 Scott Dr		Amount 12.90	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : b1253eed-eb11-4aae-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 633 Scott Dr		Amount 70.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 572e43bc-6adf-4bcb-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		82.90	
(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 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1970 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 16864 Stillwell			Amount 70.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : b0f6856b-121e-47b4-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 16864 Stillwell			Amount 18.90	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 8afb65ac-6e2a-4169-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.90	
(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 11 / 24 / 2014

Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 101 Asbury Ct			Amount 98.50		
City Winchester	State VA	Zip Code 22602	Transaction ID : 2d440b6f-121c-4658-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a2976df0-ba79-44a9-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1972 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Phillip Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 62503e7f-a6bc-4f90-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 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : d9385787-8dc5-487d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		101.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1973 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 60.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 523687e8-a5f8-44e8-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 13.20		
City Searcy		State AR	Zip Code 72149		Transaction ID : 34470021-ee91-4c6a-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1809 N Woodlawn			Amount 80.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 87d3f0aa-abf9-4642-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 1809 N Woodlawn			Amount 6.60		
City Metairie	State LA	Zip Code 70001	Transaction ID : fe8646bc-305a-4b23-a Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.60		
(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 11 / 24 / 2014	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 45.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 911ffa3c-bb2a-4a7c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1976 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 29637 Park St			Amount 50.00	
City Walker	State LA	Zip Code 70785	Transaction ID : b887b6cf-9bb6-4fa7-a Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 29637 Park St			Amount 18.00	
City Walker	State LA	Zip Code 70785	Transaction ID : 71b6699c-81f0-46f6-b Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount MM / DD / YYYY 4.50	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 0b913277-c052-4fb8-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		MM / DD / YYYY 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 39.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1978 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 125.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 5b205670-4967-4c09-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle E Grindstaff			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 147 Possum Trot Rd			Amount 14.40	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 4a998fe2-f725-4054-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			139.40	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1025 Cayley Ct		Amount 75.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 17be43cd-d65d-4066-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1980 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1025 Cayley Ct		Amount 23.70
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 692f7b56-6171-403c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1025 Cayley Ct		Amount 77.50
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b833f67c-d0b8-4da2-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	101.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4902 Catawba Dr		Amount 65.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 395ea914-740f-4dbf-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1982 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 4902 Catawba Dr		Amount 21.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6061bee5-6d89-4351-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 1900 Glen West Way		Amount 90.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : f307c9b9-28e1-4c3a-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 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		111.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1983 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1900 Glen West Way		Amount 6.60
City Fort Smith	State AR	Zip Code 72916
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 8fbcf800-639e-4a0c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 10112 Piney Creek Ct		Amount 60.00
City Charolette	State NC	Zip Code 28215
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a9ee352a-9db1-4cc8-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1984 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 13.50	
City Charolette	State NC	Zip Code 28215	Transaction ID : 195e0333-328c-4eb8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 7144 South River Rd			Amount 60.00	
City Addis	State LA	Zip Code 70710	Transaction ID : 03fde9a7-9c78-4e07-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			73.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1985 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 7144 South River Rd		Amount 14.10
City Addis	State LA	Zip Code 70710
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 26.70
City Wilkesboro	State NC	Zip Code 28697
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 6.90		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 8b738cfd-fbf2-4858-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2121 Daniel Dr			Amount 100.00		
City	State	Zip Code	Transaction ID : 1c96d3d6-c465-4b7b-8		
Searcy	AR	72143	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	106.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1987 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2121 Daniel Dr			Amount 42.93	
City Searcy	State AR	Zip Code 72143	Transaction ID : 1ae99e11-876b-47f3-b Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : cf6f6778-f1ad-49ad-8 Date of Disbursement or Obligation 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			122.93	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1988 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 10.20		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 5d61d39d-26a2-422e-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 804 Roundabout Circle			Amount 100.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 5679493a-7a34-4af8-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			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.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 110.00	
City Conway	State AR	Zip Code 72032	Transaction ID : bc9d428a-cf8d-4c69-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		175.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1990 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / MM / YYYY				
Full Name of Payee Brenda L McCune			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1254 Fleming St Apt 6			Amount 68.10	
City Conway	State AR	Zip Code 72032	Transaction ID : ce301162-861b-4d19-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 1700 E Part Ave			Amount 37.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0eb0c91e-7f90-4d36-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			105.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 14566 NW 110th St			Amount 82.50		
City Whitewater	State KS	Zip Code 67154	Transaction ID : 851fb3fc-8c06-4391-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.18
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 83de0bd5-f392-40a7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	104.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1993 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 629 Radiance Ave		Amount 10.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : ab182b9e-f992-457a-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 80.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 0ea2af54-c4c2-4760-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1994 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 6.60	
City Raleigh	State NC	Zip Code 27604	Transaction ID : b01d8a16-382f-41d4-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Helen Celestine			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 38346 Quinn Rd			Amount 30.00	
City Pearl River	State LA	Zip Code 70452	Transaction ID : 9f6ff9d6-a748-4310-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1995 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Helen Celestine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 38346 Quinn Rd			Amount 4.50		
City Pearl River	State LA	Zip Code 70452	Transaction ID : c91ae926-b59b-468c-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 30.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : eaecd837-3806-4461-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 25.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 15f258d1-5646-426f-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on	

Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 103 Glenhaven Ct			Amount 3.60		
City Harvest	State AL	Zip Code 35749	Transaction ID : c33d1275-b003-4115-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Mr. Mark L Pryor		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Rielly McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 2501 Boone Trail			Amount 26.70		
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : d8cbcf35-d8ec-49b7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	30.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1998 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 106 Wyncrest Ct		Amount 55.00
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 843be734-ded4-42f5-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 106 Wyncrest Ct		Amount 8.10
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 564b08e2-a7be-46a7-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 1999 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 30.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 78d95ad1-00e8-42d3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 4.50	
City Slidell	State LA	Zip Code 70461	Transaction ID : 8158cfb0-d5da-41ee-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0ab8d82f-9f95-4a74-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : faa80387-4389-4560-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.

Date _____

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a6c93a9c-c7e2-42f8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2002 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : dc058591-53d5-45be-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 08a5d733-0bde-4092-9 Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2003 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 1703 Torrey Pines Ct			Amount 60.00		
City Reston	State VA	Zip Code 20190	Transaction ID : 91d851ce-42c3-4319-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Mailing Address 7 Bards Lane			Amount 67.50		
City Fletcher	State NC	Zip Code 28732	Transaction ID : cd27ee73-7cf5-4976-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 40.00	
City Lawrence	State KS	Zip Code 66047	Transaction ID : b51224ad-269f-4c54-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lauren M Ray		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 215 Beech St		Amount 30.00	
City Covington	State LA	Zip Code 70433	Transaction ID : f4875d4c-ae31-4c70-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 905 Lake Drive		Amount 100.00	
City Shelby	State NC	Zip Code 28152	Transaction ID : 49589ffa-fc6d-45d4-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	136.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2007 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 905 Lake Drive			Amount 21.90		
City Shelby	State NC	Zip Code 28152	Transaction ID : 6e15e4d4-d21a-4afa-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 50.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 497a0dc4-bc12-481a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2008 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 2329 Runnymede Dr		Amount 6.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 9ba09c1f-1e54-45d6-a Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Earl Stewart		Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 9455 Snow Camp Road		Amount 60.00	
City Snowcamp	State NC	Zip Code 27349	Transaction ID : d0e8d2f7-2931-451e-8 Date of Disbursement or Obligation 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]	

Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : c3648717-47d2-4c56-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 407 randall Dr		Amount 120.00	
City	State	Zip Code	Transaction ID : 1f37beb5-7599-4a0c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	243.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2011 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 109 Carpathion Way			Amount 45.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : 89f7cf85-706f-4bb8-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 109 Carpathion Way			Amount 9.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : c41fe020-92de-4c8f-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 11 / 24 / 2014		
Signature					

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1731 Frenchmen St		Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 3611cfa9-d0f6-4e3c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 7650f1a2-3cff-4625-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2013 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 22369 Ponderosa Dr.		Amount 14.10		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4cfe2199-67d4-43f7-8	
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014		
Mailing Address 329 Columbia St		Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 69968c54-1020-4384-b	
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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
Signature		MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address 329 Columbia St		Amount 15.90	
City Shreveport	State LA	Zip Code 71104	Transaction ID : ebf91ac3-4019-405b-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Andrew Stricklin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 2026 West Nettleton Avenue Apt 2			Amount 10.00		
City Jonesboro	State AR	Zip Code 72401	Transaction ID : 33d28825-7b8c-408b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2015 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4967 Dysartville			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 19e271ae-5fa2-40e1-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4967 Dysartville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7621778b-2c65-48be-b Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			160.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2016 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 9.30		
City Morganton		State NC	Zip Code 28655		Transaction ID : 19d15d96-f359-4bd9-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sabrina A Etcitty			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 155 Indain Ave Box # 252			Amount 20.00		
City Lawrence		State KS	Zip Code 66046		Transaction ID : 797ebe30-1d30-4972-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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. Signature Ms. Emily Buchanan [Electronically Filed] Date 11 / 24 / 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2017 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Sabrina A Etcitty		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 155 Indain Ave Box # 252		Amount 1.50	
City Lawrence	State KS	Zip Code 66046	Transaction ID : 8a3be86d-845c-472e-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 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 314 S Main St		Amount 87.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 1dfad62f-9104-4fca-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 10 / 29 / 2014	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		89.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2018 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 314 S Main St			Amount 10.02		
City Roxboro	State NC	Zip Code 27573	Transaction ID : 23b2e70d-d815-40e3-b Date of Disbursement or Obligation 10 / 29 / 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2134 Oxford Dr			Amount 20.00		
City Salina	State KS	Zip Code 67401	Transaction ID : 0d56df9d-4a08-4e32-8 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.02		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Tyler M Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 2134 Oxford Dr			Amount 14.50		
City Salina	State KS	Zip Code 67401	Transaction ID : e71e5274-cf31-46df-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	15.34
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2020 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tyler M Stringer			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2134 Oxford Dr			Amount 0.84		
City Salina	State KS	Zip Code 67401	Transaction ID : 068243e8-915b-44e6-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 638 Sawyer Rd			Amount 11.70		
City Hays	State NC	Zip Code 28635	Transaction ID : 21cf435b-7c16-48a9-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2021 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilia B Johnson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 638 Sawyer Rd			Amount 3.30		
City Hays	State NC	Zip Code 28635	Transaction ID : 03d6b03a-7f14-4065-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Samantha S Johnson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 638 Sawyer Rd			Amount 12.50		
City Hays	State NC	Zip Code 28635	Transaction ID : 88256373-6d59-4776-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			15.80		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2022 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Victory Phones			Date of Public Distribution/Dissemination 10 / 29 / 2014		
Mailing Address 190 Monroe Ave NW 5th Floor			Amount 3347.32		
City Grand Rapids		State MI	Zip Code 49503		Transaction ID : d8513cc6-3e05-4563-a
Purpose of Expenditure Phone Calls		Category/ Type 004		Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 33.30		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : a841c2a2-afdd-4e61-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 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			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3380.62		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2023 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination / / 10 / 30 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 12.00		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 93fa6a09-159c-443a-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / / 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination / / 10 / 30 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 33.30		
City Rural Hall		State NC	Zip Code 27045		Transaction ID : aeaa4160-301d-4a89-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / / 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			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.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 2914 Anderson Rd			Amount 7.20		
City Burlington	State NC	Zip Code 27217	Transaction ID : 3c46108e-2822-4de1-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2025 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Sasha L McClure			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2914 Anderson Rd			Amount 34.20		
City Burlington		State NC	Zip Code 27217		Transaction ID : d2d8dbbc-1117-4875-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 623 Union Park Circle			Amount 10.00		
City Colwich		State KS	Zip Code 67030		Transaction ID : 58fc172f-fcf5-4ebb-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2026 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 623 Union Park Circle			Amount 1.50		
City Colwich		State KS	Zip Code 67030		Transaction ID : fbb3e00f-5a09-4948-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2025 NE 67th St			Amount 60.00		
City Gladstone		State MO	Zip Code 64118		Transaction ID : c16be76b-0985-4f95-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2027 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2025 NE 67th St			Amount 6.96		
City Gladstone		State MO	Zip Code 64118		Transaction ID : 6fc5a56b-a62d-458a-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 62.50		
City New Bern		State NC	Zip Code 28560		Transaction ID : 02b63039-4078-4561-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.46		
(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			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2028 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 10.92		
City New Bern	State NC	Zip Code 28560	Transaction ID : 7f3a409c-0b61-44d4-a Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address PO Box 37			Amount 60.00		
City East Bend	State NC	Zip Code 27018	Transaction ID : 1a5e8fd9-ec6e-4991-9 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.92		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2029 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address PO Box 37			Amount 11.85		
City East Bend		State NC	Zip Code 27018		Transaction ID : 287a7cee-0400-4d69-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address PO Box 37			Amount 60.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 96044f75-25e1-48c7-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.85		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2030 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Claud B Murphy JR		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address PO Box 37		Amount 60.00
City East Bend	State NC	Zip Code 27018
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : cdc7f72b-85c7-4492-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Darian F Lookout		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 155 Indian Ave Box# 166		Amount 20.00
City Lawrence	State KS	Zip Code 66046
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 3a9be3f5-a189-40fe-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 15.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : d7ea1e23-b738-4004-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 3.60	
City Harvest	State AL	Zip Code 35749	Transaction ID : 897dab1c-b3bc-4d60-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 205 Medallion Circle			Amount 20.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4fc624c4-1dd4-42bc-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2033 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination / /		
Mailing Address 205 Medallion Circle			Amount 19.50		
City Shreveport	State LA	Zip Code 71119	Transaction ID : f29b6b8f-ae99-4297-b Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination / /		
Mailing Address 2506 Bolch Street			Amount 30.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : 54e89dc2-5d6d-4b75-b Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2034 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2506 Bolch Street			Amount 50.40		
City Shreveport	State LA	Zip Code 71104	Transaction ID : d7d4c094-2590-4a8d-a Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address Split Oak Drive			Amount 65.00		
City charlotte	State NC	Zip Code 28227	Transaction ID : c0a97f48-fc86-4a9f-8 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2035 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y 10 30 2014					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 30 2014		
Mailing Address Split Oak Drive			Amount 18.27		
City charlotte		State NC	Zip Code 28227		Transaction ID : add44a1a-2826-4c0c-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 10 30 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☒ Senate State: LA ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 30 2014		
Mailing Address 6424 Purple Martin Ct			Amount 45.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : db0ed71a-af30-4cd7-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 30 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 63.27					
(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.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 24 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2036 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 15.60	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 6c32299e-3707-453e-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sally A Kolenac		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 513 Stokes Rd		Amount 30.00	
City Graham	State NC	Zip Code 27253	Transaction ID : 4dac87b6-a15a-4132-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		45.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2037 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Sally A Kolenac			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 513 Stokes Rd			Amount 0.75		
City Graham	State NC	Zip Code 27253	Transaction ID : 6cb58616-b3a9-4be5-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 101 Durham Drive			Amount 20.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : bb8c1bba-c865-4e42-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 101 Durham Drive		Amount 4.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 14476ee4-4679-4659-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1851 S Laura St		Amount 45.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 7ffe2918-4079-4f96-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1851 S Laura St		Amount 6.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 6c6af277-78d0-4db2-8
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Toni A Persinger-Buckler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5330 Nestleway Dr		Amount 42.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 36b5daa6-84dd-4fa0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	48.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2040 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 8.10		
City Clemmons		State NC	Zip Code 27012		Transaction ID : e1e3dd73-27bc-4d39-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 42.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : a690aed8-5e78-4ecf-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2041 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 8.10		
City Clemmons		State NC	Zip Code 27012		Transaction ID : b8ecd96a-0fd9-4345-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 106 Hillside St			Amount 90.00		
City Spindale		State NC	Zip Code 28160		Transaction ID : 61bd932f-b6de-4560-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2042 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 106 Hillside St			Amount 43.53		
City Spindale	State NC	Zip Code 28160	Transaction ID : 1fa9f07d-57ed-498a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 109 Carpathion Way			Amount 52.50		
City Raleigh	State NC	Zip Code 27615	Transaction ID : bcfb971-9fea-496d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.03		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2043 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Grant Fitzgerald			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 109 Carpathion Way			Amount 8.10		
City Raleigh	State NC	Zip Code 27615	Transaction ID : e456f614-24b0-487a-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 50.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : d4063660-9910-4be0-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 7915 Curtina Ln		Amount 80.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 492300ca-ff8f-4744-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Ms. Emily Buchanan

[Electronically Filed]

Date  /  / 

Signature _____

Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 199 Raven Circle		Amount 17.82	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : be1aa473-5f46-49f9-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 55.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : f1ddc3e0-abc8-4fd4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lorri Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 7214 Duchamp Dr		Amount 3.90	
City Charlotte	State NC	Zip Code 23215	Transaction ID : e2077491-5b28-40b7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Barbara A Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 3002 Darden Rd Apt A			Amount 43.30		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 97974d30-12a8-48f8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 409 LaSalle Drive		Amount 60.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 6bf9f919-6b74-4eb1-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....		103.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2048 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 409 LaSalle Drive		Amount 45.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 0a3a9e43-a252-443d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 30.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 15f3a9bd-819d-4730-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2049 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 2704 E Glen Oaks Dr		Amount 8.40
City Wichita	State KS	Zip Code 67216
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : a8952bb2-09d0-40bc-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		256632.98

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1903 Swan Dr		Amount 125.00
City Lenoir	State NC	Zip Code 28645
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3913ea50-74c0-4b91-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
		1095839.94

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	133.40
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2050 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y 10 30 2014					
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 30 2014		
Mailing Address 1903 Swan Dr			Amount 8.10		
City Lenoir		State NC	Zip Code 28645		Transaction ID : dc53a572-9e56-4813-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 30 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 30 2014		
Mailing Address 2704 E Glen Oaks Dr			Amount 30.00		
City Wichita		State KS	Zip Code 67216		Transaction ID : d508c72a-b293-4a33-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 30 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 24 2014		
[Electronically Filed]					

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 2400d993-33eb-485f-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	88.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2052 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 605 W Houston St		Amount 54.60		
City Marshall	State TX	Zip Code 75633	Transaction ID : 3ef01322-0cf8-4a6b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Reaghan Waites		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 9805 St Stephens Ct		Amount 20.00		
City Raleigh	State NC	Zip Code 27615	Transaction ID : 82630d12-5373-4a00-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 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		74.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2053 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Reaghan Waites			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 9805 St Stephens Ct			Amount 3.00	
City Raleigh	State NC	Zip Code 27615	Transaction ID : facc9629-6fcd-431d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 9685 Paula St			Amount 40.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 8d62d529-d2a1-4e80-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 35.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 096a1ca7-1bf6-4782-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address MM and value 11. The second register has address DD and value 24. The third register has address YYYY and value 2014.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2055 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 9.60		
City Monroe		State LA	Zip Code 71212		Transaction ID : 095c4df4-0625-4f30-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 416 Vine Dr			Amount 80.00		
City Lawrence		State KS	Zip Code 66049		Transaction ID : 36276c1a-6bb9-490a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2056 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 416 Vine Dr			Amount 12.90	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 4949b86a-c27c-4a49-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 211 N Ashley Park			Amount 75.00	
City Wichita	State KS	Zip Code 67212	Transaction ID : d77e4ffb-a301-4162-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 211 N Ashley Park			Amount 10.20		
City Wichita		State KS	Zip Code 67212		Transaction ID : ac411ae2-5161-4792-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1981 Cherokee St			Amount 27.00		
City Baton Rouge		State LA	Zip Code 70806		Transaction ID : 77e83160-7907-444d-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☐ State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 7650 Fallswood Way		Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 5e2f6964-4004-44a7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.04
(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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2059 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 7650 Fallswood Way			Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 2b6cfbab-7136-4ca3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1510 W Pawnee Apt 2103			Amount 25.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : 7bff325a-9e2a-4037-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2060 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1510 W Pawnee Apt 2103			Amount 20.10	
City Wichita	State KS	Zip Code 67213	Transaction ID : 89ee4f83-7065-4d58-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 9685 Paula St			Amount 45.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : a3a4ce12-f56e-47dd-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			65.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2061 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination / / 10 / 30 / 2014	
Mailing Address 9685 Paula St		Amount 41.10	
City Keithville	State LA	Zip Code 71047	Transaction ID : 540e72fd-7a95-4a15-9 Date of Disbursement or Obligation / / 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Thomas A Gawdun		Date of Public Distribution/Dissemination / / 10 / 30 / 2014	
Mailing Address 2207 SE 64th St		Amount 60.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : 406cefb3-b170-4248-9 Date of Disbursement or Obligation / / 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 101.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 402A N 10th St		Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 19191877-8c87-4c5d-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General	☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.41
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 510 Haymaker Hall		Amount 20.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 05651728-fe1a-4e62-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Anthony Buchanan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1090 McHone Rd		Amount 60.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : f0821dda-3fa1-41b1-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		105.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Julie M Gentry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 314 S Main St		Amount 13.53	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 9421eb1d-115a-420f-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.53
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2066 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1003 W 5th St			Amount 75.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : d0f2b252-470c-4cb2-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1003 W 5th St			Amount 18.60	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 93950853-3b4c-4ec4-b Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.60	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2067 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination / /		
Mailing Address 1519 Walshtown Rd			Amount 68.00		
City Boomer	State NC	Zip Code 28606	Transaction ID : c9414cee-64cc-407b-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination / /		
Mailing Address 1519 Walshtown Rd			Amount 8.10		
City Boomer	State NC	Zip Code 28606	Transaction ID : 9dd71a0a-c2e6-4a93-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.10		
(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 / /		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2068 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1117 Clipper Dr			Amount 21.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : b49b5179-3bcd-48b9-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1117 Clipper Dr			Amount 2.40	
City Slidell	State LA	Zip Code 70458	Transaction ID : aec87548-e34f-4ffa-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9513 Beverly Dr			Amount 3.00		
City Overland Park	State KS	Zip Code 66207	Transaction ID : 68eb9097-63cc-409f-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2070 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c05cfa02-d7c0-4f86-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 16.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 38bc4cfd-2712-4f49-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.50		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2071 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 120.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 66e7aea0-66c4-4964-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 17.40	
City Wichita	State KS	Zip Code 67216	Transaction ID : 767b37e5-369b-4eab-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			137.40	
(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 11 / 24 / 2014

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 9901 Floyd St			Amount 6.60		
City Overland Park	State KS	Zip Code 66212	Transaction ID : c364151a-a2b9-411e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Darian F Lookout		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 155 Indian Ave Box# 166		Amount 9.00	
City Lawrence	State KS	Zip Code 66046	Transaction ID : 6cd0999f-c315-43e9-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Casey Stockton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 105 South Dale St		Amount 65.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : e2328d8e-37ae-434f-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 105 South Dale St		Amount 55.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 71283d54-5f39-4ae6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) **SUBTOTAL** of Itemized Independent Expenditures..... ➤ 120.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ➤

(c) **TOTAL** Independent Expenditures..... ➤

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2075 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination 10 / 30 / 2014
Mailing Address 102 S Main Street Apt A2		Amount 80.00
City Berryville	State VA	Zip Code 22611
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b2298b3d-d387-4d4c-b Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination 10 / 30 / 2014
Mailing Address 12062 NC 902 Hwy		Amount 70.00
City Bear Creek	State NC	Zip Code 27207
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 68f2e6bd-b6ce-4c3d-a Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

11 / 24 / 2014

Signature

Full Name of Payee Sabrina A Etcitty		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 155 Indain Ave Box # 252		Amount Amount 40.00	
City Lawrence	State KS	Zip Code 66046	Transaction ID : ced111c4-dc0a-4b01-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 41176 Bertville Rd		Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c22b4b30-d545-4084-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2078 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 41176 Bertville Rd			Amount 4.80	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c9b7d308-ea53-47da-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 67.50	
City Picayune	State MS	Zip Code 39466	Transaction ID : 708d24e4-038a-4196-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.30	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2079 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 38.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : 7e29d744-23ff-428d-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3301 N First St		Amount 15.00	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : bbec39f1-5f10-4242-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		53.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Malissa A Arsnoe		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3301 N First St		Amount 4.20	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 6bc9818f-0a9f-43fc-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 6412 Osage Dr		Amount 55.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : e284a9b1-c048-4070-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2081 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6412 Osage Dr			Amount 9.36		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 6bbe0cfb-64cc-4153-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2357 Fancy Cap Rd			Amount 45.00		
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6af15750-a06f-4950-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.36		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 8.64	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : d0a15161-72cb-49d8-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 488 Broadwell Dr		Amount 50.00	
City Nashville	State TN	Zip Code 37220	Transaction ID : e12910c6-dd20-4e59-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Lauren E Heffington		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 488 Broadwell Dr		Amount 6.36	
City Nashville	State TN	Zip Code 37220	Transaction ID : 8d353659-00d7-4010-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 35.00	
City Wichita	State KS	Zip Code 67204	Transaction ID : a1e7f256-3235-4ab8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.36
(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.

Date _____

Signature

Full Name of Payee Lyndsey R Tarr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 109 Essex Cv		Amount 4.50	
City Jacksonville	State AR	Zip Code 72076	Transaction ID : 72bbf32f-8f70-437e-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ☒ General	

Full Name of Payee Marlene A Prosser		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1510 Decatur Rd		Amount 30.00	
City Grantville	State KS	Zip Code 66429	Transaction ID : 6fcc37bd-946e-4664-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Rielly McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2501 Boone Trail		Amount 24.20	
City N Wilksboro	State NC	Zip Code 28659	Transaction ID : 50e0a83d-ca81-4d5a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Amy J McMillion			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1325 S Collegiate Dr Apt 202G			Amount 14.70		
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : c78ca9f6-eb7f-4cc1-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1222 SE 44 St		Amount 75.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 32016189-c20a-4b20-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 110 W Pecan St			Amount _____ 45.00		
City	State	Zip Code	Transaction ID : 052d9895-ad2e-4b23-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Ville Platte	LA	70586			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Ms. Mary L Landrieu			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		_____ 298625.67			
		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.

Date _____

Signature

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 90.00	
City	State	Zip Code	Transaction ID : fb154ccd-3d3e-433b-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	126.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 80.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : b76d243d-8066-4557-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	128.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2091 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 18.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : bd1ac1b4-357d-4729-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : c57ea865-6820-46be-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			98.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Cecilia A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5003 Allison Lane		Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : 131a33ca-6394-44e7-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2093 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5003 Allison Lane			Amount 6.60		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 0d9f65c5-1d02-47ae-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 35.00		
City Topeka		State KS	Zip Code 66614		Transaction ID : c2dc6f25-2d14-40a3-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			41.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2094 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 10.80		
City Topeka		State KS	Zip Code 66614		Transaction ID : 7a9e9897-0c1a-4f4c-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 30.00		
City Searcy		State AR	Zip Code 72149		Transaction ID : 332d518c-c6d8-4fd0-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			40.80		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2095 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 8.10		
City Searcy		State AR	Zip Code 72149		Transaction ID : 543ab0e1-3ccb-4949-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 211 SE 20th Ave			Amount 10.00		
City St John		State KS	Zip Code 67576		Transaction ID : adc99efd-2727-4862-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.10		
(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 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2096 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mitch L Holmes			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 211 SE 20th Ave			Amount 29.40	
City St John	State KS	Zip Code 67576	Transaction ID : 6508b0d0-541b-4ae8-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 25.00	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 05b24c90-3246-46ba-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2097 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 8.43	
City Salemberg	State NC	Zip Code 28385	Transaction ID : 08481231-f63d-431a-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 30.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 09a33728-42ce-484a-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.43	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 77.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : efa971ca-addf-495b-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.42
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2099 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 47.10	
City Carriere	State MS	Zip Code 39426	Transaction ID : e958cab1-600d-40b5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Noah J Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 41174 Bertville Rd			Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5f7aee30-9985-43d6-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			77.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2100 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 600 W Vine Ave			Amount 81.50		
City Searcy	State AR	Zip Code 72143	Transaction ID : dfe6e2db-fdea-43ad-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 407 randall Dr			Amount 80.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 83c8a86e-f6b3-486a-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			161.50		
(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 11 / 24 / 2014	

Full Name of Payee Robert B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 804 Worthington Way		Amount 35.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 3b93c741-b22a-4fa2-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 8.10	
City Belmont	State NC	Zip Code 28012	Transaction ID : 51198af1-d273-4879-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2103 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6101 NORA ST			Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 26b6e49f-d844-4f45-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 12.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : 4f655b3f-33ff-4987-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.50		
(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 11 / 24 / 2014	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 200 Carawood Lane		Amount 57.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 93cbe458-cbe2-41bb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2105 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 200 Carawood Lane			Amount 15.90		
City Lexington	State NC	Zip Code 27295	Transaction ID : 18751d93-7e52-4f0b-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 95.00		
City West Monro	State LA	Zip Code 71291	Transaction ID : 5ebfa212-e2e0-42b4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2106 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 27.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 2b351afe-df61-4682-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 3 Girard			Amount 50.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 22a9c253-73d4-45ca-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			77.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		Date 11 / 24 / 2014		
[Electronically Filed]				

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3 Girard St		Amount 50.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 6475cf57-08c4-47e0-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2108 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 3 Girard St		Amount 14.10	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : a640e4fa-7837-49a0-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 101 Asbury Ct		Amount 85.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 6c0606df-4cf2-42cb-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Cayenne C Corbin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1851 S Laura St			Amount 6.00		
City Wichita	State KS	Zip Code 67211	Transaction ID : 3665ba0a-732e-41df-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2110 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 250 JS Brewton rd			Amount 40.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : d0d8930c-4a03-4574-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : 62f819d2-e4f3-44d5-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 26.88	
City Conway	State AR	Zip Code 72034	Transaction ID : e8d1caf4-25f5-43b1-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		109.88
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2112 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 90.00	
City Topeka	State KS	Zip Code 66611	Transaction ID : 65204d71-3406-46c3-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kathy Anderson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 3041 SW Burlingame Rd		Amount 18.60	
City Topeka	State KS	Zip Code 66611	Transaction ID : 2664cee6-5066-4544-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	108.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

11 / 24 / 2014

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 9425 Jessica Drive		Amount 15.30	
City Shreveport	State LA	Zip Code 71106	Transaction ID : db1d8782-acca-47a0-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 10.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : d65e841a-4f98-419a-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		75.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2115 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 3654 Tara St			Amount 60.00		
City springdale	State AR	Zip Code 72762	Transaction ID : f7de490b-2ef3-41d1-a Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 3654 Tara St			Amount 36.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 959f82b3-d2fe-47dd-a Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 30.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : ccb3963c-1f7a-4993-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date _____

Signature

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 9.60	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 46e15f88-2119-4fdb-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 60.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 8faf6571-852f-4f82-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2118 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 10.80	
City Mandeville	State LA	Zip Code 70471	Transaction ID : e2db4e4f-9772-4d6f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 53.30	
City Eudora	State KS	Zip Code 66025	Transaction ID : 92284bf9-0cb4-42a5-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			64.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2119 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2138 N 1000 Rd			Amount 3.60		
City Eudora	State KS	Zip Code 66025	Transaction ID : 36edc3d2-f157-42cb-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 60.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : 9ea28133-1d7f-4878-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2120 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joshua E Sherman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 5.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : ef888d16-4d7f-4b26-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 65.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 38818734-27df-40bb-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		70.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2121 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 26.28		
City Elgin	State SC	Zip Code 29045	Transaction ID : e4645ada-e9df-4b0f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 18065 Wayne Rd			Amount 65.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : bd839a5d-1ff1-4209-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2122 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 9685 Paula St			Amount 60.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 166609ac-d241-482e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 9685 Paula St			Amount 29.10	
City Keithville	State LA	Zip Code 71047	Transaction ID : 9da7f70a-ce58-46ba-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.10	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2123 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 121 Ohara Dr			Amount 80.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 6ac5feb2-2052-419f-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 121 Ohara Dr			Amount 126.60	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 7124450e-f4d0-4ea0-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			206.60	
(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 11 / 24 / 2014	
Signature				

Full Name of Payee Benjamin L Heitman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2520 Helmstetler Rd		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a15c20ce-785d-4d28-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1103 West Wilson Street			Amount Amount 29.40		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9df6db02-99bb-442d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	119.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2126 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Greg Meens			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 5724 SW Arrowhead Ct			Amount 35.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 8910fecdd-f70e-476e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 111 Westchester Blvd Apt D4			Amount 50.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 6fbaf25f-b9be-43ea-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			85.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2127 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6ac3fa19-d928-4e97-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 3007 Darden Rd			Amount 18.90	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 730f74c6-d148-4c32-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 11 / 24 / 2014	
Signature _____				

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : 037e5d10-50c6-4793-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		180.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2129 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 915 East Market Ave			Amount 60.30		
City Searcy	State AR	Zip Code 72149	Transaction ID : 9f3764c4-ce91-4e2d-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 140.00		
City Slidell	State LA	Zip Code 70461	Transaction ID : 1da53acc-09d8-41a7-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			200.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2130 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua E Sherman			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 119 Goldenwood Dr			Amount 2.40		
City Slidell	State LA	Zip Code 70461	Transaction ID : 6e6f459a-232d-49ef-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 915 East Market Ave			Amount 80.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 1931e064-5d58-4fc5-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2131 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 915 East Market Ave			Amount 61.80		
City Searcy		State AR	Zip Code 72149		Transaction ID : 17154ced-69b7-48e9-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address P.O. Box 712			Amount 120.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : 0d62e69e-5877-4eb6-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			181.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2132 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination / /		
Mailing Address P.O. Box 712			Amount 51.90		
City Alexander		State AR	Zip Code 72002		Transaction ID : af256c34-f0c6-4dcb-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation / /	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination / /		
Mailing Address 2565 Shire Circle			Amount 80.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : d1bee74e-d92d-4d15-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation / /	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					131.90
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2133 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 300 Evangeline St			Amount 40.00		
City Monroe	State LA	Zip Code 71201	Transaction ID : 37330301-446d-498e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 300 Evangeline St			Amount 3.30		
City Monroe	State LA	Zip Code 71201	Transaction ID : a174a000-fc1f-4dcb-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1410 Bushville Dr			Amount 60.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 34c3d12a-6286-4b7d-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6894 106th			Amount 30.00		
City Ozawkie	State KS	Zip Code 66070	Transaction ID : 0357fbefb-5fbf-4b0b-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2135 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 6894 106th			Amount 9.60		
City Ozawkie	State KS	Zip Code 66070	Transaction ID : e73ca563-2c58-48a3-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 5521 Randolph St			Amount 15.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : f459d3bd-5d1f-4a4e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5521 Randolph St.		Amount 22.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : b541c727-6970-49bd-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 5521 Randolph St.		Amount 2.40	
City Marrero	State LA	Zip Code 70072	Transaction ID : f01cf60b-3526-4cde-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2138 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 67.50	
City Picayune		State MS	Zip Code 39466	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : be711163-d533-475f-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 38.40	
City Picayune		State MS	Zip Code 39466	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 8945bbb88-8482-4ef5-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.90	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2139 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1211 Treaty Rd			Amount 40.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : 633549a3-2ee5-4e48-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1211 Treaty Rd			Amount 21.60		
City Delphos	State KS	Zip Code 67436	Transaction ID : db8b6422-6fa1-46a7-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 30 / 2014	
Mailing Address 1830 College Height Rd		Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 63b73bb2-3706-4d48-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2141 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Kyler A Jost		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1830 College Height Rd		Amount 5.10	
City Manhattan	State KS	Zip Code 66502	Transaction ID : a6cd639b-1b1d-4696-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 13827 S E 44th St		Amount 50.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 36ad2ff3-cb6d-458e-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Charity A Carr		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 13827 S E 44th St		Amount 36.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : ca7d71eb-c319-4aba-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 55.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : f6252564-6faf-4a7e-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: 2014 ☐ Primary ☒ General ☐ 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2143 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 36.90		
City Charolette	State NC	Zip Code 28215	Transaction ID : a0fc08ff-2690-44d7-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary W Jackson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 3513 Elizabeth St			Amount 40.00		
City Choctaw	State OK	Zip Code 73020	Transaction ID : 4f6dd8ea-45ba-41de-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			76.90		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2144 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary W Jackson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 3513 Elizabeth St			Amount 36.00		
City Choctaw	State OK	Zip Code 73020	Transaction ID : f9ca9147-ce6e-4c08-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1809 N Woodlawn			Amount 80.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 5880a572-1d42-4b7e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Courtney Goldstein		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1809 N Woodlawn		Amount 4.80	
City Metairie	State LA	Zip Code 70001	Transaction ID : 68dd80d4-ac94-47a2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 8822 Apple St			Amount 80.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 2816531b-f41b-4fc2-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2146 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 8822 Apple St			Amount 18.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ece88b2f-38e3-4a68-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 1110 N Coolidge			Amount 75.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : a247882f-48fd-402b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			93.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2147 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1110 N Coolidge			Amount 16.86		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 6931af7a-93cd-4510-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 924 N. Prieur St			Amount 80.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 7b8d5431-4c40-48d2-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 924 N. Prieur St		Amount 18.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : e09c53d6-e857-49ec-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 75.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : cd565745-e4a3-420d-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	93.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2149 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 16.86		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 19d487f7-3cdf-4a0d-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 29637 Park St			Amount 10.00		
City Walker	State LA	Zip Code 70785	Transaction ID : abaeb423-7f9f-4f25-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2150 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 29637 Park St			Amount 0.60		
City Walker		State LA	Zip Code 70785		Transaction ID : 37c913bf-e55a-4c5b-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 227 Lincoln Dr			Amount 20.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 4d29458a-db4c-4001-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2151 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 227 Lincoln Dr			Amount 6.54		
City Bossier City	State LA	Zip Code 71111	Transaction ID : de419884-8f27-4035-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 1731 Frenchmen St			Amount 50.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 5729754d-bcbd-4ba1-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.54		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2152 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 45.00		
City Concord	State NC	Zip Code 28205	Transaction ID : 95bcceb2-51ff-43b9-9 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 4894 Thunder Bolt			Amount 12.60		
City Concord	State NC	Zip Code 28205	Transaction ID : 79992eeb-9e30-4892-9 Date of Disbursement or Obligation 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.60		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2153 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 813 Worthington Way			Amount 40.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 7df243f8-5ab3-458b-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 813 Worthington Way			Amount 6.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : fbfcbe6f-a29a-4bbe-b Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2154 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1700 E Part Ave		Amount 22.50	
City Searcy	State AR	Zip Code 72149	Transaction ID : 0996a000-da0a-4036-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeffrey Hampton		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1700 E Part Ave		Amount 13.44	
City Searcy	State AR	Zip Code 72149	Transaction ID : b2525cf7-ae03-4fa0-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35.94
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2155 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 45.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 99f33554-8f49-4c1c-b Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 3ec3197b-077a-4b94-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2156 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 629 Radiance Ave			Amount 10.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : aca295af-506f-4874-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 30.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : f2be505c-7f07-42b8-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2157 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 12.00		
City Lecompton State KS Zip Code 66050		Transaction ID : 3821bb82-6a1c-4993-b			
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		
Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>					
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 14566 NW 110th St			Amount 90.00		
City Whitewater State KS Zip Code 67154		Transaction ID : 71a26221-aef2-4bc2-8			
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		
Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>					
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2158 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 14566 NW 110th St		Amount 15.90	
City Whitewater	State KS	Zip Code 67154	Transaction ID : af00be2b-231d-45f5-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rachel L Anzalone		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2319 West Oak		Amount 50.00	
City El Dorado	State AR	Zip Code 71730	Transaction ID : cf7e7797-6ea3-414e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		65.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2159 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 65.00		
City College Grove		State TN	Zip Code 37046		Transaction ID : 4a7c9bbf-3487-4277-9 Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Rebecca A Shearer			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6544 Arno College Grove Rd			Amount 23.40		
City College Grove		State TN	Zip Code 37046		Transaction ID : 8525706e-95a0-4417-b Date of Disbursement or Obligation 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.40		
(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 <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2160 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 506 N Horton Street			Amount 65.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 4114a91f-f14d-4e2e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Parker H Morrow			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 506 N Horton Street			Amount 23.40	
City Searcy	State AR	Zip Code 72143	Transaction ID : 38563fe9-55f6-42f5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.40	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2161 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : c7eab2f1-86b0-4a58-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 10.50		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 0fb0b969-5f09-4963-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2162 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M D D D Y Y Y Y Y Y 	

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 10 30 2014	
Mailing Address 4310 N Mission Rd		Amount 24.50 	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : a6a9b968-ba78-43e2-8 Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 10 30 2014
Purpose of Expenditure Salary		Category/Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		 256632.98 	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 10 30 2014	
Mailing Address 4310 N Mission Rd		Amount 7.65 	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : f19afa06-7ccb-4cfc-a Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 10 30 2014
Purpose of Expenditure Mileage		Category/Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		 256632.98 	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	 32.15
(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

M M M
D D D
Y Y Y Y Y Y

11
24
2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2163 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 804 Roundabout Circle		Amount 115.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael A Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 16864 Stillwell		Amount 40.00
City Bonner Springs	State KS	Zip Code 66012
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2164 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 16864 Stillwell			Amount 19.80		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : bfc5e3e0-e2bc-4b8c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Josiah B Beal			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 2927 SW Hopkins Switch Rd			Amount 30.00		
City El Dorado	State KS	Zip Code 67042	Transaction ID : 32b5b194-48d9-4d1b-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2121 Daniel Dr		Amount 67.50	
City	State	Zip Code	Transaction ID : fc1b5bd7-0324-4576-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	182.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Zachariah T Beal		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 2927 SW Hopkins Switch Rd		Amount 9.00	
City El Dorado	State KS	Zip Code 67042	Transaction ID : 2ea61a3c-6778-431e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2167 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 100 Asbury Ct			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 972129a8-ec6e-408c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 100 ASBURY CT			Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : d4142be0-fa5e-4ce2-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

11 / 24 / 2014

Signature

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 79ad9f0f-d276-43f4-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ☒ General	

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7883e185-3df7-4f27-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2169 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f1e7c1de-4867-4eb0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 207f1a4a-6f5a-40e7-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2170 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1703 Torrey Pines Ct			Amount 45.00		
City Reston	State VA	Zip Code 20190	Transaction ID : 2793a270-009b-4577-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 1900 Glen West Way			Amount 50.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 1fbb8571-cfe5-458e-a		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 7 Bards Lane		Amount 85.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : a7f0c075-0e68-47d4-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		91.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Danielle McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1025 Cayley Ct		Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : a7400010-f83c-4557-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	124.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 4902 Catawba Dr		Amount 105.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ebfd3878-dd5d-4bc1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2174 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4902 Catawba Dr			Amount 27.90	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b70052f0-914d-4f67-9 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 633 Scott Dr			Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : bed18750-b536-4f61-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			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.				
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Kaylan N Swanson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 633 Scott Dr		Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 10c8cb0d-5bec-4c8b-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2176 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 458 S Glendale			Amount 50.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 71784db9-4122-49ed-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob Bernas			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 458 S Glendale			Amount 9.00	
City Wichita	State KS	Zip Code 67218	Transaction ID : 73eb1951-d25f-4297-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 17.40	
City Conway	State AR	Zip Code 72032	Transaction ID : 4276a1c6-ff0c-4873-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Nick Berryhill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 905 Lake Drive		Amount 5.10	
City Shelby	State NC	Zip Code 28152	Transaction ID : d2717aa5-2def-4a73-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2179 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Cynthia E Matson		Date of Public Distribution/Dissemination 10 / 29 / 2014
Mailing Address 7101 E 69th St N		Amount 20.00
City Valley Center	State KS	Zip Code 67147
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : f7eed5cd-fb69-4420-9 Date of Disbursement or Obligation 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cynthia E Matson		Date of Public Distribution/Dissemination 10 / 29 / 2014
Mailing Address 7101 E 69th St N		Amount 3.00
City Valley Center	State KS	Zip Code 67147
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 23d5b305-4722-4817-a Date of Disbursement or Obligation 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2180 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1003 W 5th St		Amount 7.50
City Coffeyville	State KS	Zip Code 67337
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 535865c4-c262-40a0-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Peggy S ODonnell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 4218 Eagle Lake Ct		Amount 20.00
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7b570201-3eba-4022-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2181 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Peggy S ODonnell			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 4218 Eagle Lake Ct			Amount 6.30		
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 044c3b6e-72bc-4289-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 410 Wedgewood Ct			Amount 60.00		
City Hesston	State KS	Zip Code 67062	Transaction ID : e0dad257-84f4-40a0-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 4455 N Edaemoor Ct		Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 13425bd3-5da7-46b6-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2183 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4455 N Edaemoor Ct			Amount 3.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 5bd2941d-d4a8-4ddd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah A Myose			Date of Public Distribution/Dissemination 10 / 29 / 2014	
Mailing Address 4897 N Farmstead Ct			Amount 20.00	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 96c764e9-c03b-4715-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 29 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			23.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 18.70	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : af85aebe-4b7e-4db5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2185 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 7.23		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 1194c0c2-0376-4ad9-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 2134 Tobaccoville Rd			Amount 18.70		
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 3bbb3619-a564-4025-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.93		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Lance Reichenberger		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 1426 N Glendale		Amount 2.10	
City Wichita	State KS	Zip Code 67208	Transaction ID : 7869dd3e-828f-4cd4-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 67.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2187 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 117 East Maple St			Amount 60.00		
City Bucklin	State KS	Zip Code 67834	Transaction ID : e78a820a-a3b4-42be-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 117 East Maple St			Amount 5.40		
City Bucklin	State KS	Zip Code 67834	Transaction ID : 3eeec4a6-f673-42b9-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 30 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2188 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 402A N 10th St			Amount 15.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 5e2f4396-ac80-4553-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Bailey R Blair			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 402A N 10th St			Amount 1.50	
City Manhattan	State KS	Zip Code 66502	Transaction ID : be24296e-8491-403c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2189 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 510 Haymaker Hall		Amount 15.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : 57e77b36-0bc7-428e-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 510 Haymaker Hall		Amount 1.20	
City Manhattan	State KS	Zip Code 66506	Transaction ID : dfd6f96b-eac8-43b4-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 106 Hillside St		Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : ef55cf12-5565-460e-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 106 Hillside St		Amount 39.84	
City Spindale	State NC	Zip Code 28160	Transaction ID : e6d4b1b8-9cbe-4cc7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.34
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2191 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address PO Box 37			Amount 45.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : 06665d0d-70b5-43ed-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address PO Box 37			Amount 9.45		
City East Bend		State NC	Zip Code 27018		Transaction ID : 58bd77b9-7079-407d-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.45		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2192 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address PO Box 37			Amount 45.00	
City East Bend		State NC	Zip Code 27018	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 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			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kristina M Jinkens			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2138 N 1000 Rd			Amount 30.00	
City Eudora		State KS	Zip Code 66025	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2193 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 9513 Beverly Dr			Amount 27.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3a65617f-2a12-462c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 9513 Beverly Dr			Amount 3.00	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 70f8af5c-5428-4d15-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2194 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 35.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : f7980330-0fd7-4e14-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 3.60	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 9765de24-6cc3-4a68-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			38.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Christine R McDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3751 N Jeanette Ave		Amount 19.50	
City Wichita	State KS	Zip Code 67204	Transaction ID : 1e62ce13-16c2-4dce-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ House ☒ Senate ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : b1a07023-07e2-41c2-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1981 Cherokee St		Amount 58.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : ea5fcb67-0017-4045-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2198 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1981 Cherokee St			Amount 6.42	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 7caac500-7829-493d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colleen Galan			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 842 Stoneykirk Dr			Amount 12.50	
City Fayetteville	State NC	Zip Code 28314	Transaction ID : 4e431d84-df10-4008-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			18.92	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2199 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Colleen Galan		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 842 Stoneykirk Dr		Amount 4.20
City Fayetteville	State NC	Zip Code 28314
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f40adc50-f3ff-478d-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 160 #50 Pompano Dr		Amount 72.50
City New Bern	State NC	Zip Code 28560
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b6a96453-1c78-415e-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	76.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2200 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 13.20	
City New Bern	State NC	Zip Code 28560	Transaction ID : 2174be9f-870c-4363-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sally A Kolenac			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 513 Stokes Rd			Amount 22.80	
City Graham	State NC	Zip Code 27253	Transaction ID : 4b00da01-0e07-4739-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 145 Bradford Circle		Amount 35.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : b258dcd9-4405-43c6-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.02
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2202 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014	
Mailing Address 145 Bradford Circle		Amount 12.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : da76d034-d763-4c00-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 10 / 29 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 35.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : c2d7c664-162d-41a1-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		47.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2203 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Linda J Fueling			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 6424 Purple Martin Ct			Amount 21.03	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 4b23ff0f-40fa-4aff-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 199 Raven Circle			Amount 41.30	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 3883c444-29de-4dd8-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.33	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 211 Dixie Ave		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : dc9d2da6-9448-4572-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.76
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2205 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Haley A Zimmerman			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1409 Robbins Dr			Amount 60.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 1124a43c-ce3c-4051-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Haley A Zimmerman			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1409 Robbins Dr			Amount 4.50	
City Lenoir	State NC	Zip Code 28645	Transaction ID : c0d8bab8-6b3c-4976-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2206 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 20.00	
City Clemmons		State NC	Zip Code 27012	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 0aa0154b-e8d2-40bf-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 5.70	
City Clemmons		State NC	Zip Code 27012	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : ccac5d32-0178-4dfb-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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 1095839.94			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.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

Full Name of Payee Dionne Vantuyl		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2334 NE Parvin Rd		Amount 30.00	
City Kansas City	State MO	Zip Code 64116	Transaction ID : 1b3dabaa-babc-4ef5-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dionne Vantuyl			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 2334 NE Parvin Rd			Amount 15.00		
City Kansas City	State MO	Zip Code 64116	Transaction ID : 61c9f2a3-255c-4de5-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.

Date _____

Signature

Full Name of Payee Angela D Soots		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1481 Neighborly Pl		Amount 18.45	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 2763a605-ece1-49bc-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.45
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2209 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 101 Durham Drive		Amount 40.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 492f53c0-78ab-41f3-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jerome M Weil		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 101 Durham Drive		Amount 40.00		
City Lafayette	State LA	Zip Code 70508	Transaction ID : 1f280dec-c711-408f-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2210 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 101 Durham Drive			Amount 13.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 5d85dd53-6d23-43f9-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 101 Durham Drive			Amount 13.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 15e8846b-a7d6-4d30-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1003 W 5th St			Amount 21.00		
City Coffeyville	State KS	Zip Code 67337	Transaction ID : 098d009c-cf2e-4d08-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2212 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 995 Clairborne Rd		Amount 34.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 7ef3f3d2-b2f4-40b9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 995 Clairborne Rd		Amount 14.40		
City Calhoun	State LA	Zip Code 71225	Transaction ID : fae77e17-4fe8-423e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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		[Electronically Filed]		Date
Signature				MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2213 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 2565 Shire Circle		Amount 55.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : eafc79a5-c2c3-4865-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 9425 Jessica Drive		Amount 60.00
City Shreveport	State LA	Zip Code 71106
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1562720d-dfb5-431c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2214 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 9425 Jessica Drive			Amount 20.10	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 43b6ca24-275a-43d1-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rhonda Moback			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2704 E Glen Oaks Dr			Amount 60.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 6a70d446-c1f2-421c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2215 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2704 E Glen Oaks Dr		Amount 13.20	
City Wichita	State KS	Zip Code 67216	Transaction ID : 5a37035e-eb99-4f78-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 30.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 8e856021-9b99-4fea-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 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		43.20	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2216 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 5.70		
City West Monro	State LA	Zip Code 71291	Transaction ID : b74ac66a-49a3-406f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 60.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : ee2b05bc-adb8-4766-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 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2217 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 18.60		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 83d8f6a1-1db0-425a-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 6101 NORA ST			Amount 55.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f43897ed-5eb2-4b42-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2218 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : d9f9d3ac-b89a-4c72-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Podbielski			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 137 Cove Pl			Amount 48.30	
City Moravian Falls	State NC	Zip Code 28654	Transaction ID : 357aadc6-e9c6-455e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			49.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2219 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee David Podbielski			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 137 Cove Pl			Amount 15.30	
City Moravian Falls	State NC	Zip Code 28654	Transaction ID : 94ba8e0a-1411-46bb-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 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amelia Cox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 43.30	
City Boomer	State NC	Zip Code 28606	Transaction ID : 7ca71b7c-d739-4134-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2220 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination / /		
Mailing Address 1410 Bushville Dr			Amount 80.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : f04d9895-b8de-4acc-8 Date of Disbursement or Obligation / /		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination / /		
Mailing Address 1410 Bushville Dr			Amount 16.95		
City Lenoir	State NC	Zip Code 28645	Transaction ID : b5204fc6-46f6-4c3a-9 Date of Disbursement or Obligation / /		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.95		
(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 / /	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2221 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 20.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 58926889-2b3c-4b92-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 7.20	
City Raleigh	State NC	Zip Code 27604	Transaction ID : be635036-e48a-487b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 0287c972-263b-4904-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....		57.24
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2223 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1110 N Coolidge		Amount 25.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9e0f09e7-e71a-450f-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1110 N Coolidge		Amount 7.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 74ba76c8-7244-46ce-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2224 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 25.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 87db935a-85b9-49b2-9 Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 7.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1e15d2ea-ff4a-4b59-b Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date 11 / 24 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2225 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 416 Vine Dr		Amount 65.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 2ad63910-da96-4beb-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 416 Vine Dr		Amount 11.70	
City Lawrence	State KS	Zip Code 66049	Transaction ID : f4eb4ebd-0e99-41ff-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Bethlehem R Romm			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 2609 Bluestrem Dr			Amount 6.30		
City Lawrence	State KS	Zip Code 66047	Transaction ID : 37706bca-e578-4453-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	26.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2227 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 211 N Ashley Park			Amount 42.50	
City Wichita	State KS	Zip Code 67212	Transaction ID : 53cc9f67-01e0-4291-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 211 N Ashley Park			Amount 9.90	
City Wichita	State KS	Zip Code 67212	Transaction ID : b209173c-da4b-4e9b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2228 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 80.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : ea7702ac-0c36-4dd9-9 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 12920 Kneeland Ln			Amount 44.70	
City Neosho	State MO	Zip Code 64850	Transaction ID : ec717a04-fecf-4744-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.70	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2229 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 15.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 414c1c01-01db-4fc3-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 2.40	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 6170cb9f-36ad-4188-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			17.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2230 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2150 Hope St			Amount 40.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : ed27c50c-cc93-4657-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2150 Hope St			Amount 2.40	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 328a9437-cd95-4483-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 227 Lincoln Dr		Amount 11.58	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 84ebda7c-3a38-42af-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2232 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 45.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : dd753f26-9915-491d-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 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 12.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 6ef85f06-3369-4676-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		57.24	
(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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2233 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 50.30		
City Boomer	State NC	Zip Code 28606	Transaction ID : 680bce18-6693-4581-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 1519 Walshtown Rd			Amount 8.10		
City Boomer	State NC	Zip Code 28606	Transaction ID : 077cc580-6425-4657-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2234 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 45.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : d8a00c8b-af7f-445c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 44.10	
City Picayune	State MS	Zip Code 39466	Transaction ID : 0f9a4098-2bfd-41c4-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.10	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2235 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1117 Clipper Dr			Amount 23.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 499af9fb-a80d-453f-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1117 Clipper Dr			Amount 3.90	
City Slidell	State LA	Zip Code 70458	Transaction ID : c42cd808-8151-4abf-9 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.90	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2236 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 6255e6ae-fed3-4431-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 12.90	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 165cccba-0bab-465c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2237 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jonathan P Barnell			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3847 SW Atwood Terrace			Amount 30.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : aa4e4e04-4dfd-4e68-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3847 SW Atwood Terrace			Amount 20.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : 38172443-2052-42ee-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 8822 Apple St		Amount 80.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 129f398a-37a1-4cbf-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 924 N. Prieur St		Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 4583f6b9-0037-4744-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2240 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 924 N. Prieur St		Amount 19.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : cc80ae80-f7ee-40f0-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 2517 N 47th St		Amount 55.00	
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 98ce448f-f97e-492b-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 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		74.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Hope Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2073 A Clover Ave		Amount 12.00	
City Springdale	State AR	Zip Code 72764	Transaction ID : b321fc29-2462-431b-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Monique Guillory		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 409 LaSalle Drive		Amount 45.00	
City Little Rock	State AR	Zip Code 72211	Transaction ID : 55e9c53a-707f-46da-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2243 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 20.00		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 697843f5-4b92-4015-9 Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4006 Wolkswalk Place			Amount 6.30		
City Raleigh	State NC	Zip Code 27610	Transaction ID : 3d881d9e-edff-4073-9 Date of Disbursement or Obligation 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.30		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2244 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Sasha L McClure			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2914 Anderson Rd			Amount 98.50	
City Burlington	State NC	Zip Code 27217	Transaction ID : 7ee19cae-f0f9-45f7-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2914 Anderson Rd			Amount 98.50	
City Burlington	State NC	Zip Code 27217	Transaction ID : 066e8a69-eb28-4d76-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			197.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2245 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Eugenio R McClure			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2914 Anderson Rd			Amount 14.10	
City Burlington	State NC	Zip Code 27217	Transaction ID : d2165267-1fd0-4738-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Claire A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 6610 Walcott Rd			Amount 20.00	
City Paragoud	State AR	Zip Code 72450	Transaction ID : 1e0a68c4-a14e-4f3f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Claire A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 6610 Walcott Rd		Amount 3.60	
City Paragoud	State AR	Zip Code 72450	Transaction ID : afe08b39-7c1d-496c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Anthony Pearson		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 112 apache Dr		Amount 20.00	
City	State	Zip Code	Transaction ID : 4f61c08a-25a4-4c04-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Search	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	23.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Talía J DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 9513 Beverly Dr			Amount 27.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : db6e033a-15d6-44c5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2248 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Talia J DeGisi			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 9513 Beverly Dr			Amount 4.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : eefa9759-350c-4624-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carol L Walters			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1900 Glen West Way			Amount 85.00		
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 02d9a91a-1050-4439-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 9901 Floyd St			Amount 35.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : fd850e0e-4b74-4b8c-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2250 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 9901 Floyd St			Amount 5.40		
City Overland Park		State KS	Zip Code 66212		Transaction ID : 580a3ad8-5b04-437d-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Robert B Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 804 Worthington Way			Amount 50.00		
City Wilmington		State NC	Zip Code 28411		Transaction ID : 6bd65677-aeda-4626-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 7e7fdc25-c104-4c89-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2252 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 62.50	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : ef55e1f9-ef1a-4105-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 22.80	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 33e07045-9a17-4870-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2253 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tabitha J Barnett			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1001 N Prospect			Amount 40.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 76b73467-20cb-4f33-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tabitha J Barnett			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1001 N Prospect			Amount 4.86	
City Liberal	State KS	Zip Code 67901	Transaction ID : c6a44e1b-e59e-4865-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			44.86	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2254 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 35.00	
City Concord	State NC	Zip Code 28205	Transaction ID : afea1d6d-f6a4-43f5-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Pound Feinstein & Associates			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 5614 Connecticut Ave NW Ste 270			Amount 255.25	
City Washington	State DC	Zip Code 20015	Transaction ID : 7fd9948d-4b51-49ea-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mailer		Category/ Type 004		
Name of Federal Candidate Marilinda Garcia		☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>02</u> ☐ President ☐ Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		1016.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			290.25	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2255 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Pound Feinstein & Associates			Date of Public Distribution/Dissemination 10 / 22 / 2014	
Mailing Address 5614 Connecticut Ave NW Ste 270			Amount 765.75	
City Washington		State DC	Zip Code 20015	
Purpose of Expenditure Mailer		Category/ Type	Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ann Kuster		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 53317.37			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 35.00	
City Midland		State NC	Zip Code 28107	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			800.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date 11 / 24 / 2014				

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 55.00	
City Cary	State NC	Zip Code 27519	Transaction ID : 6b1a86f3-9321-43d0-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2257 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 10.86		
City Cary	State NC	Zip Code 27519	Transaction ID : b3fd8928-ddce-4be2-a Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Avery Rodriguez			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 11 Cooper Lane			Amount 74.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 57a3001c-a4d7-44da-b Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 84.86		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date / / 11 / 24 / 2014	

Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3 Girard St		Amount 60.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : 10b80b0f-ad4e-457e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		123.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Sue G Walker		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 3 Girard		Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 701c289a-ea36-45eb-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 41176 Bertville Rd		Amount 15.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : a373effe-e4c2-4d1a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2261 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 41176 Bertville Rd			Amount 2.10	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 09138f61-b6eb-480a-b Date of Disbursement or Obligation 10 / 31 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1830 College Height Rd			Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 8425ca69-3fcb-4105-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2262 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 1830 College Height Rd			Amount 1.20		
City Manhattan	State KS	Zip Code 66502	Transaction ID : 0b072820-e79a-4330-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 415 E Carroll			Amount 35.00		
City Macomb	State IL	Zip Code 61455	Transaction ID : 89c1522b-b19b-4665-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2263 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 314 S Main St			Amount 65.00	
City Roxboro	State NC	Zip Code 27573	Transaction ID : ec0c6e9f-bf0b-4e2f-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 314 S Main St			Amount 6.78	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 2e241c51-ff7a-48cb-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.78	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 9653 Nations Dr		Amount 27.90	
City Springdale	State AR	Zip Code 72762	Transaction ID : 0c8a5138-9385-4852-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2265 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 101 Asbury Ct			Amount 75.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 3d49d072-87aa-45ec-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 437 Roberson Creek Rd			Amount 30.00		
City Pittsboro	State NC	Zip Code 27312	Transaction ID : d59bd145-2d4c-47f8-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2267 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 31 2014		
Mailing Address 813 Worthington Way			Amount 37.50		
City Wilmington	State NC	Zip Code 28411	Transaction ID : e03d0c30-9a18-4698-a Date of Disbursement or Obligation 10 31 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination 10 31 2014		
Mailing Address 813 Worthington Way			Amount 3.30		
City Wilmington	State NC	Zip Code 28411	Transaction ID : 9625ce17-a31f-47cf-8 Date of Disbursement or Obligation 10 31 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 24 2014	

Full Name of Payee Parker H Morrow		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 506 N Horton Street		Amount 57.30	
City	State	Zip Code	Transaction ID : af0b1960-1855-4ed7-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 107.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Signature

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 3300 Asher Ave		Amount 93.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : f57c525d-5ac2-4e1f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	153.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2270 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 250 JS Brewton rd			Amount 40.00		
City goldonna	State LA	Zip Code 71031	Transaction ID : 1302d3ab-4308-489d-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 250 JS Brewton rd			Amount 3.60		
City goldonna	State LA	Zip Code 71031	Transaction ID : ad35f835-7673-45c4-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2271 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 6894 106th			Amount 90.00		
City Ozawkie		State KS	Zip Code 66070		Transaction ID : 7fa9391e-7301-4201-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 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport		State LA	Zip Code 71109		Transaction ID : 90f4b017-6501-42ef-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 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2272 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee Andrea M Gatts			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 6894 106th			Amount 28.08		
City Ozawkie		State KS	Zip Code 66070		Transaction ID : b14751f5-ca51-4a4b-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 4106 Martha St			Amount 7.50		
City Shreveport		State LA	Zip Code 71109		Transaction ID : 880f3389-19c2-4a26-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.58		
(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.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2273 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 16864 Stillwell Rd			Amount 90.00	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : ab2c032d-eb81-4981-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Chad Stieben			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 16864 Stillwell Rd			Amount 28.08	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : f4bbf93d-b1d0-4775-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			118.08	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2274 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y					
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 31 2014		
Mailing Address 915 East Market Ave			Amount 70.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 5ae47d5f-7bc2-4a41-b Date of Disbursement or Obligation 10 31 2014		
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination 10 31 2014		
Mailing Address 915 East Market Ave			Amount 66.90		
City Searcy	State AR	Zip Code 72149	Transaction ID : 1b44159b-ae73-42ae-8 Date of Disbursement or Obligation 10 31 2014		
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			136.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 24 2014		

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 787 N 1851 Diagonal Rd		Amount 10.50	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 601a1e78-5415-4d09-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	40.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2276 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 72.50	
City Carriere	State MS	Zip Code 39426	Transaction ID : 2725f241-3215-4983-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 44.40	
City Carriere	State MS	Zip Code 39426	Transaction ID : 4c970a25-6377-4220-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2277 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 40.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9ad1a67b-5ef0-4811-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : c4ab4f7c-7690-4cb1-9 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			49.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2278 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 200 Carawood Lane		Amount 80.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 22ea5019-baca-49a5-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 200 Carawood Lane		Amount 25.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 9f499f9f-688e-4a50-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2279 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4b6ab176-169d-4858-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 110 W Pecan St		Amount 36.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 2fb892c4-29e9-497a-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 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		86.90	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2280 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 44.50		
City Salemberg	State NC	Zip Code 28385	Transaction ID : 8f9e3011-d474-4a0b-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 11.88		
City Salemberg	State NC	Zip Code 28385	Transaction ID : e59d6551-9f3d-4717-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.38		
(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 MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2281 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a3c8c6f0-a27b-491a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 3007 Darden Rd			Amount 16.80	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e9da5340-c9a5-40ed-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.80	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2282 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 09af5a41-5d0d-48bb-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 10 / 31 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 204 W 9th St		Amount 50.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : a6c5a7e3-0e8a-4324-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2283 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kathryn M Wolfe			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 204 W 9th St			Amount 28.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 3885c1b9-64ff-47d7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John MacDonald			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1926 Edgewater Dr			Amount 15.00	
City Charolette	State NC	Zip Code 28210	Transaction ID : 9fc30ac0-e19d-427a-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.50	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2284 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John MacDonald			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1926 Edgewater Dr			Amount 4.20	
City Charolette	State NC	Zip Code 28210	Transaction ID : be096b77-5f6d-401a-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 55.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 683e84d8-83eb-471b-9 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.20	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2285 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 9.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : b7120c3c-036d-43d6-9 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Joe Dockers			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 419 W Ford St Apt C			Amount 50.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 9e10dc42-febc-473f-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2286 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1222 SE 44 St		Amount 75.00
City Topeka	State KS	Zip Code 66609
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6bb8d4d7-b0ee-4b3c-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1222 SE 44 St		Amount 19.50
City Topeka	State KS	Zip Code 66609
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 4a58daac-ff89-4525-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2287 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 70.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 1c001e7f-7c96-4590-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 10.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : 2d3a6d99-1cca-48ac-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2288 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 70.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : 33440353-d528-444f-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 10 / 31 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 7.50	
City Belmont	State NC	Zip Code 28012	Transaction ID : 356e7a03-1dc6-4402-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 450 Judson Dr		Amount 1.56	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 666bc5b1-d1c8-4430-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		36.56
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

Full Name of Payee Peggy A Sides			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 2183 Spokane Rd			Amount 12.00		
City Fayetteville	State NC	Zip Code 28304	Transaction ID : 89463f2a-1bb2-4f97-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			
			District: 00 State: NC		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2291 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address P.O. Box 712			Amount 120.00		
City Alexander		State AR	Zip Code 72002		Transaction ID : d74e9096-1b15-4506-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address P.O. Box 712			Amount 44.40		
City Alexander		State AR	Zip Code 72002		Transaction ID : 5f4b4a47-c2ac-4f92-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			164.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2292 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 629 Radiance Ave		Amount 70.00
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 6511cd43-e653-4dcb-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 629 Radiance Ave		Amount 8.40
City Metairie	State LA	Zip Code 70001
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 064675dc-105e-47f1-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	78.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2293 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1410 Bushville drive			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b8ebe883-faa2-425c-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1410 Bushville Dr			Amount 50.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : b3527573-fae6-4409-9 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Paul D Dreyer		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 209 S Carl Stq		Amount 70.00	
City Siloam Springs	State AR	Zip Code 72761	Transaction ID : d3b5cd83-57a1-4ce7-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	84.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 5003 Allison Lane		Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : e32114ec-4acd-41ff-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.27
(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2296 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 5003 Allison Lane			Amount 6.60	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : b4a9274a-3091-48aa-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 5003 Allison Lane			Amount 60.00	
City Ft. Smith	State AR	Zip Code 72901	Transaction ID : b9519439-f38f-424b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2297 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 3691abc7-c697-44a0-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cameryn L Rasmussen			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 4455 N Edaemoor Ct			Amount 20.00		
City Bel Aire		State KS	Zip Code 67220		Transaction ID : a8933f71-a5f0-4b92-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2298 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Cameryn L Rasmussen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 4455 N Edaemoor Ct		Amount 7.80
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : b4e2a118-46a0-404f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Samantha Howell		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 4849 N Glendale		Amount 20.00
City Bel Aire	State KS	Zip Code 67220
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1c27365b-f2fd-43b5-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2299 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Samantha Howell			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 4849 N Glendale			Amount 7.80	
City Bel Aire	State KS	Zip Code 67220	Transaction ID : 7177d95a-aa07-4822-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1510 W Pawnee Apt 2103			Amount 50.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : f22c18b1-0362-4510-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			57.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2300 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1510 W Pawnee Apt 2103			Amount 16.20	
City Wichita	State KS	Zip Code 67213	Transaction ID : 6a4fed37-14e2-43fc-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 14817 E 29th N			Amount 10.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : 0f53c5b8-b126-4db8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 10112 Piney Creek Ct		Amount 65.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : f8c99938-13df-4af6-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2302 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 40.50		
City Charolette	State NC	Zip Code 28215	Transaction ID : f56efaf2-71f8-4928-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 308 West Main Street			Amount 105.00		
City Pilot Mountian	State NC	Zip Code 27041	Transaction ID : 779d64ef-8283-4c78-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			145.50		
(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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2303 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 308 West Main Street			Amount 22.11		
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 8ae79d72-532c-4113-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 30217 Crook Rd			Amount 50.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : afa407c9-c9ab-4c96-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.11		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2304 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Aaron L Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 30217 Crook Rd			Amount 15.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 0347f9a4-a713-4f96-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 30217 Crook Rd			Amount 55.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : f2a1b364-6f86-4412-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2305 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 30217 Crook Rd			Amount 26.70		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 83a17f73-5375-4aa4-b Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 30217 Crook Rd			Amount 10.00		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 3162cbcf-48d4-475c-b Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 36.70		
(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 / / 11 / 24 / 2014	
Signature _____					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2306 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Avery Watson			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 30217 Crook Rd			Amount 3.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : b2ba751d-c34b-47a9-a Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1731 Frenchmen St			Amount 50.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d8ab4c92-5eab-4c25-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 915 East Market Ave			Amount 86.40		
City	State	Zip Code	Transaction ID : ee9c3a06-7f74-408c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Searcy	AR	72149			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate			Office Sought:		
Mr. Mark L Pryor			☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
286951.71					

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	186.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 121 Ohara Dr		Amount 135.60	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 04b448ba-8a81-4c7c-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	225.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 31 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 71bf5d75-1f1d-4e47-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 31 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 100 Asbury Ct		Amount 80.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 45f780f9-acf0-41ff-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2311 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 80.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 83966a22-dd35-4565-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 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014		
Mailing Address 100 Asbury Ct			Amount 75.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 49278446-5d72-4f2f-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 14566 NW 110th St		Amount 82.50	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 96af8b0b-2be8-425e-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	112.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2313 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 14566 NW 110th St			Amount 28.20		
City Whitewater	State KS	Zip Code 67154	Transaction ID : df93d244-edb2-4dce-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 600 W Vine Ave			Amount 115.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 9eac615-f82c-4ba3-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			143.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2314 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 600 W Vine Ave			Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : f172e78c-35fd-49c2-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1211 Treaty Rd			Amount 95.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 5e3ddf98-ba61-4c2e-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2315 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 1211 Treaty Rd			Amount 27.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 2ffd134a-0769-45c2-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 18065 Wayne Rd			Amount 130.00	
City Odessa	State FL	Zip Code 33556	Transaction ID : c2f08fc6-e8fc-4733-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Support ☒ Oppose	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			157.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2316 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 106 Wyncrest Ct		Amount 70.00
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 30ca75ef-27f9-4f3a-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 106 Wyncrest Ct		Amount 41.10
City Hendersonville	State TN	Zip Code 37075
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 55f44266-006f-44e8-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2317 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 130.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 54e1f59f-8a8d-4f49-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 90.48	
City Elgin	State SC	Zip Code 29045	Transaction ID : 1f17269a-cd8a-41eb-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	220.48
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2318 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kinsey E Beck			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 103 Glenhaven Ct			Amount 70.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : 02a41c98-9bdb-436c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 1700 E Part Ave			Amount 24.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 2a4a1576-0a2c-43dc-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			94.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2319 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Jeffrey Hampton			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 1700 E Part Ave			Amount 1.74		
City Searcy	State AR	Zip Code 72149	Transaction ID : 0efcd04e-d4d5-4777-b Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Darius Beverly			Date of Public Distribution/Dissemination / / 10 / 31 / 2014		
Mailing Address 157 Bishop Drive			Amount 75.00		
City Avondale	State LA	Zip Code 70094	Transaction ID : a76f634c-22f7-44eb-9 Date of Disbursement or Obligation / / 10 / 31 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 76.74		
(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.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2320 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 157 Bishop Drive		Amount 75.00
City Avondale	State LA	Zip Code 70064
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d1398eeb-4e5a-473e-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ms. Dinah Beverly		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 157 Bishop Drive		Amount 6.90
City Avondale	State LA	Zip Code 70064
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 6f54987f-54d7-4730-9 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 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 298625.67		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2321 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 55.00		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : 52f8f73d-86a7-4c00-b Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Earl Stewart			Date of Public Distribution/Dissemination 10 / 31 / 2014		
Mailing Address 9455 Snow Camp Road			Amount 11.40		
City Snowcamp		State NC	Zip Code 27349		Transaction ID : b4f81bdf-6b5f-48b3-9 Date of Disbursement or Obligation 10 / 31 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 Signature			[Electronically Filed] Date 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2322 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Amelia Brackett		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 804 Roundabout Circle		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 82edb02e-642b-4491-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2121 Daniel Dr		Amount 60.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : cb1b35a7-a3e9-4b30-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 2121 Daniel Dr		Amount 75.30	
City	State	Zip Code	Transaction ID : 02409323-0f0b-43eb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee John P Hilkert		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 7 Bards Lane		Amount 70.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : d59aec01-7e98-4992-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 1095839.94		District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2324 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 7 Bards Lane			Amount 16.20	
City Fletcher	State NC	Zip Code 28732	Transaction ID : d3266146-a8ea-46ef-8 Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 4310 N Mission Rd			Amount 34.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 23630bed-2d2c-4722-b Date of Disbursement or Obligation 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			50.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date 11 / 24 / 2014				

Full Name of Payee Josh R Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1531 N Ridgewood Dr		Amount 25.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 1ea24a1b-0521-4d46-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

[illegible]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'MM' and value '11'. The second register has address 'DD' and value '24'. The third register has address 'YYYY' and value '2014'.

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 80.00	
City	State	Zip Code	Transaction ID : d59d51cb-608b-406c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 11707 South African Street		Amount Amount 15.00	
City Olathe	State KS	Zip Code 66062	Transaction ID : 236c4c9e-2ff4-48a1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2328 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 145 Bradford Circle		Amount 30.00
City Clayton	State NC	Zip Code 27527
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 85297bea-e92b-4c8c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 145 Bradford Circle		Amount 19.65
City Clayton	State NC	Zip Code 27527
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a0ef7598-91a8-4c1e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	49.65
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2329 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee James A Sears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 305 Averroe Dr		Amount 30.00
City Apex	State NC	Zip Code 27502
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : f370dc84-1106-4ba2-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 12920 Kneeland Ln		Amount 10.00
City Neosho	State MO	Zip Code 64850
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e117a357-63bc-4e26-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 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 286951.71		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2330 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on	

Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address PO Box 37			Amount 67.50		
City East Bend	State NC	Zip Code 27018	Transaction ID : 1d53eaac-7b55-49b8-b		
Purpose of Expenditure Salary	Category/Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address PO Box 37			Amount 14.30		
City East Bend	State NC	Zip Code 27018	Transaction ID : b2f00abe-e3d5-4f88-8		
Purpose of Expenditure Mileage	Category/Type 002		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	81.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2331 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Claud B Murphy JR			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 37			Amount 77.50	
City East Bend	State NC	Zip Code 27018	Transaction ID : 9c047112-20b9-4e9f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Matt Gleb			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3815 Robin Road			Amount 28.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 37e28554-f247-493d-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Anthony W Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3405 German Shepherd Trail		Amount Amount 28.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 2746c572-d2b9-4135-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
District: <u>00</u> State: <u>NC</u>		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 38.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶
(c) TOTAL Independent Expenditures.....	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Kacie Gleb		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3815 Robin Road		Amount 28.00	
City Ayden	State NC	Zip Code 28513	Transaction ID : 4850ef91-cc1c-4c29-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2334 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 26.67	
City Ayden	State NC	Zip Code 28513	Transaction ID : 07da6ef9-759c-4707-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennie Butler			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1676 Shady Creek Rd			Amount 6.30	
City Ayden	State NC	Zip Code 28513	Transaction ID : ad023423-4c0d-47b2-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.97	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Daniel M Quackenbush		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 15.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 75acdc17-c16a-4061-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jane M Kesinger		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 209 Hillside Dr		Amount 1.38	
City Baldwin City	State KS	Zip Code 66006	Transaction ID : b6a1c248-596b-4600-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		11.38
(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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2337 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 4429 Lagan Circle		Amount 30.00
City Winterville	State NC	Zip Code 28590
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b48efe38-f2f5-413f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kendyl H Browder		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 4429 Lagan Circle		Amount 12.60
City Winterville	State NC	Zip Code 28590
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 54c8891e-28fb-4410-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 43.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : e232beb8-a475-4405-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Stephanie E Hardy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3039 Four Way Rd		Amount 20.00	
City Snow Hill	State NC	Zip Code 28580	Transaction ID : 71e597ed-36d9-4380-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2025 NE 67th St		Amount 23.16	
City Gladstone	State MO	Zip Code 64118	Transaction ID : 1d8fa5c0-3b39-4d2a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.16
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2341 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 23.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : bba743d9-67e0-4437-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Linda J Fueling		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 6424 Purple Martin Ct		Amount 8.58	
City Wilmington	State NC	Zip Code 28411	Transaction ID : d6f77601-9d2e-48de-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31.58
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 995 Clairborne Rd		Amount 14.40	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 9ce82762-7304-4872-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ►	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2343 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 40.80	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 69b132cc-b40e-4d6a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 40.80	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : f3077b16-b09b-4842-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2344 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 9.66	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 87c9d62d-7d8a-4fa7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Marsha Barnell			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3847 SW Atwood Terrace			Amount 15.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : 3a40b8c7-4445-49b6-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 202 Violet St		Amount 50.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : c665c36b-0dd8-4c0a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Leona Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9901 Floyd St		Amount 11.10	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 901f7bb2-00a1-48a7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2347 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eva M Johnston		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 2517 N 47th St		Amount 35.00		
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 4b1b8c4f-4f87-447e-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 323 Rolling Pines Dr		Amount 80.00		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 914ab9cb-c32f-4e96-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		115.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2348 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 323 Rolling Pines Dr			Amount 30.60		
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 384c9595-b0f7-48f6-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 5560 Dogwood Dr			Amount 31.50		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 111ce467-bf98-4084-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2349 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Christopher L Brazil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 5560 Dogwood Dr			Amount 3.90		
City Winston Salem	State NC	Zip Code 27105	Transaction ID : eac81295-568f-47b5-9		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kirsten E McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1419 S Highbush Ave			Amount 12.50		
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0ea65dab-391b-4350-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2350 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kirsten E McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 1419 S Highbush Ave		Amount 4.50
City Fayetteville	State AR	Zip Code 72701
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 860284cf-7dc0-4941-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carmen Maddrey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2043 Nottingham Ln		Amount 35.00
City Burlington	State NC	Zip Code 27215
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : fc38e57f-025c-4902-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	39.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2351 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2043 Nottingham Ln			Amount 2.40	
City Burlington	State NC	Zip Code 27215	Transaction ID : 639e66ab-ac48-46cb-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 70.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : e1339759-8ab7-4230-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 8.40	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 5b547ae3-fcae-40c8-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2150 Hope St		Amount 60.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 684a499f-27e4-4ad4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2353 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2150 Hope St			Amount 10.50	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 16f5a068-38e3-4e9b-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 75.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 6c717f1f-6c12-469b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2354 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 12.84	
City New Bern	State NC	Zip Code 28560	Transaction ID : c40f5a90-c6ea-4b55-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9909 Treasure Hill Rd			Amount 30.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : d4f345b5-20b4-464c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.84	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Patrice Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9909 Treasure Hill Rd		Amount 15.00	
City Little Rock	State AR	Zip Code 72205	Transaction ID : d49bc57c-8038-4729-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Edmond D Rea		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 416 Vine Dr		Amount 75.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : 06ce0ce7-4d01-4237-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1104 1654 1364 1661"> <tr><td data-bbox="1104 1654 1364 1661">90.00</td></tr> </table>	90.00
90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1104 1661 1364 1665"> <tr><td data-bbox="1104 1661 1364 1665"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1104 1665 1364 1671"> <tr><td data-bbox="1104 1665 1364 1671"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2357 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 5003 Allison Lane			Amount 1.50		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 11dfcf92-75c6-4163-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 60.00		
City Cary		State NC	Zip Code 27519		Transaction ID : 031200d7-db18-4503-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2358 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Aleksandra B Padua		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 110 Bridge gate Dr		Amount 10.23	
City Cary	State NC	Zip Code 27519	Transaction ID : 7cfd64b1-4b14-47e0-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 82.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 293e094e-724b-4e93-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	92.73
(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

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2359 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 18.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 8b931e94-9f00-4805-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Avery Rodriguez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 11 Cooper Lane			Amount 139.00		
City Conway	State AR	Zip Code 72034	Transaction ID : 65b4b562-c7c0-422e-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			157.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2360 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Avery Rodriguez			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 11 Cooper Lane			Amount 50.10		
City Conway	State AR	Zip Code 72034	Transaction ID : 9a9eddaf-c350-476d-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 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 82.50		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : cb7c20f0-390d-46c7-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 82.50		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 4dbd8d1a-2238-403a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr><td>165.00</td></tr> </table>	165.00
165.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr><td></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2362 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 65.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : dcd4b6eb-4ec1-4463-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 10.50	
City Kernersville	State NC	Zip Code 27284	Transaction ID : b07f919d-48d7-4508-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Michael A Stieben			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 16864 Stillwell			Amount 22.80		
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 9e934ee9-4ccb-4414-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		256632.98	District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2364 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 4967 Dysartville			Amount 70.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 2acfd44-f62e-4a26-b Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 4967 Dysartville Rd			Amount 70.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 69766968-bacb-49f2-b Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYYYY 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2365 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 4967 Dysartsville Rd			Amount 9.30		
City Morganton	State NC	Zip Code 28655	Transaction ID : 42e261a8-0e63-4c65-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeffrey S Hauge			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 211 N Ashley Park			Amount 25.00		
City Wichita	State KS	Zip Code 67212	Transaction ID : 695317f6-c434-4c14-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2367 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 14.40		
City Mandeville	State LA	Zip Code 70471	Transaction ID : 787617e1-0304-4735-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 2565 Shire Circle			Amount 50.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : f97b4f45-22c2-40fb-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 4106 Martha St			Amount 9.90		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 3c0f7b35-2c9f-4009-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶			
			District: 00 State: LA		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 6.60	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 55cb3e8b-2ab7-4736-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9425 Jessica Drive		Amount 62.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 0328df31-8868-4b9b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9425 Jessica Drive			Amount 9.30		
City Shreveport	State LA	Zip Code 71106	Transaction ID : d7d039a5-8708-42a9-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
District: 00 State: LA					
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2371 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 605 W Houston St			Amount 100.00	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 66c2aaa8-d67f-4519-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 605 W Houston St			Amount 67.20	
City Marshall		State TX	Zip Code 75633	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 1f46841a-d852-4dd9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			167.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2372 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 76e374c8-20e8-4ccd-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3654 Tara St			Amount 5.10	
City springdale	State AR	Zip Code 72762	Transaction ID : 546948a6-63b1-4a94-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1900 Glen West Way		Amount Amount 23.10	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6d2a21f7-26cc-4074-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Amount 286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2374 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 8822 Apple St			Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 1c991e58-7994-41af-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 92e6d424-cf79-4ab2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2375 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 924 N. Prieur St			Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : ea2bb71b-3ae7-42c1-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 924 N. Prieur St			Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : bd4492d6-aad1-4f9d-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2376 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2207 SE 64th St			Amount 60.00	
City Topeka	State KS	Zip Code 66605	Transaction ID : 81d1e50a-654e-48ab-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Thomas A Gawdun			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2207 SE 64th St			Amount 17.49	
City Topeka	State KS	Zip Code 66605	Transaction ID : d1489214-92c9-457d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.49	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Bethlehem R Romm		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2609 Bluestrem Dr		Amount 20.70	
City Lawrence	State KS	Zip Code 66047	Transaction ID : 327987d0-cdf2-4228-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2378 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6412 Osage Dr			Amount 75.00	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 5d8b3f8a-c4c3-4d82-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6412 Osage Dr			Amount 15.21	
City North Little rock	State AR	Zip Code 72116	Transaction ID : 3da95bda-8c0f-4a49-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.21	
(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 <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2379 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2134 Oxford Dr			Amount 50.00	
City Salina	State KS	Zip Code 67401	Transaction ID : bfa8e2fa-44c6-4310-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Katelyn Stringer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2134 Oxford Dr			Amount 2.25	
City Salina	State KS	Zip Code 67401	Transaction ID : a1acb901-6fd1-4ccf-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			52.25	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2380 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3007 Darden Rd			Amount 50.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 3c7ae088-6681-4b6b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3007 Darden Rd			Amount 18.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : a3f7bbc3-d6b6-4c0d-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1103 West Wilson Street			Amount 70.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : fc3534b6-83e6-4663-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2382 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 1103 West Wilson Street		Amount 19.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b387a5ab-09c1-4756-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 205 Medallion Circle		Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0d4cfbfa-730c-4a4c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		99.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2383 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 205 Medallion Circle			Amount 47.10		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 08a5fc5b-c16b-439f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 2506 Bolch Street			Amount 80.00		
City Shreveport	State LA	Zip Code 71104	Transaction ID : be325cd2-fa2e-4d93-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2506 Bolch Street		Amount 88.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7f148f1b-c714-4250-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 01 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 25.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 06ab4427-b9d2-4b1a-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2385 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 11.40	
City Topeka	State KS	Zip Code 66614	Transaction ID : dcc82378-2f52-48cd-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 29637 Park St		Amount 32.50	
City Walker	State LA	Zip Code 70785	Transaction ID : 1d33ac0f-9f9e-4f7b-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2386 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 29637 Park St		Amount 3.60	
City Walker	State LA	Zip Code 70785	Transaction ID : 6837868f-ce97-4581-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 90.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 8a54cc18-69fd-49fe-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		93.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2387 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 48.60		
City Pittsburg		State KS	Zip Code 66762		Transaction ID : e2cc7d3c-1739-42ff-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 314 S Main St			Amount 75.00		
City Roxboro		State NC	Zip Code 27573		Transaction ID : e7da4801-e9cc-4d71-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2388 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 314 S Main St			Amount 12.93	
City Roxboro	State NC	Zip Code 27573	Transaction ID : f765da81-df60-4902-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 105.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : 48c968e8-635f-4691-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	117.93
(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

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2389 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Josh R Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1531 N Ridgewood Dr			Amount 41.34	
City Wichita	State KS	Zip Code 67208	Transaction ID : 7591f5de-c69b-4888-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 108 East Clinton St PO Box 410			Amount 30.00	
City Salemberg	State NC	Zip Code 28385	Transaction ID : f0bbc7e4-0691-46d0-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			71.34	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2390 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee James W Blevins			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 01 / 2014		
Mailing Address 108 East Clinton St PO Box 410			Amount 8.52		
City Salemberg		State NC	Zip Code 28385		Transaction ID : 895b7093-f713-411d-a
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 01 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 01 / 2014		
Mailing Address 437 Roberson Creek Rd			Amount 35.00		
City Pittsboro		State NC	Zip Code 27312		Transaction ID : bfc3a449-90e9-4e85-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 01 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.52		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M / D D / Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2391 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Brenda K Billington			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 437 Roberson Creek Rd			Amount 11.40	
City Pittsboro	State NC	Zip Code 27312	Transaction ID : e07525ab-e6ba-4f3a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address F4 Benton Ave Apt 4			Amount 70.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 693f532b-d0c3-4d60-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			81.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2392 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address F4 Benton Ave Apt 4			Amount 30.90	
City Searcy	State AR	Zip Code 72149	Transaction ID : d3f50b50-32d1-44bc-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 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3 Girard			Amount 60.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : fc8e4379-d2c0-4727-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2393 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3 Girard St			Amount 40.00	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : cb34d3ae-3a37-4177-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edward N Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3 Girard St			Amount 25.20	
City Ft Smith	State AR	Zip Code 72901	Transaction ID : f2dc1e0d-e462-4845-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2394 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3205 Pebble Beach Rd			Amount 18.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 5229ab6e-6458-48ff-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3205 Pebble Beach Rd			Amount 26.19	
City Conway	State AR	Zip Code 72034	Transaction ID : 66edeb92-cd61-4d4d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.19	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 220 Doucet Rd		Amount 4.32	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2f4f432a-a845-4cd4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.32
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Melissa D Turner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9653 Nations Dr			Amount 50.00		
City Springdale	State AR	Zip Code 72762	Transaction ID : 801ad53d-567b-4e5a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 415 E Carroll			Amount 50.00		
City Macomb	State IL	Zip Code 61455	Transaction ID : ebe27772-aaef-414e-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2397 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9653 Nations Dr		Amount 50.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 73bac5ee-827b-4a64-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan D Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9653 Nations Dr		Amount 38.40	
City Springdale	State AR	Zip Code 72762	Transaction ID : a44c99d9-30a8-4c6f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		88.40	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2398 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kristen Clapper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 924 French Street			Amount 70.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : c2e70235-d462-4803-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kristen Clapper			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 924 French Street			Amount 6.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 79be83d1-b6a1-42e4-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2399 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee John MacDonald			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1926 Edgewater Dr			Amount 72.50	
City Charolette	State NC	Zip Code 28210	Transaction ID : f3779c92-7828-4a27-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John MacDonald			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1926 Edgewater Dr			Amount 15.30	
City Charolette	State NC	Zip Code 28210	Transaction ID : 5695551a-4dfe-45d4-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2400 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 584cabfe-f856-4679-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 6.60	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 3ef0c9e2-c309-460a-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 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Dustin Swanigan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 11345 Country Rd 385		Amount 110.00	
City Holts Summit	State MO	Zip Code 65043	Transaction ID : 6b4f8354-7c31-44a0-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Kathryn M Wolfe		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 204 W 9th St		Amount 31.50	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 0f42e9c5-a4cc-4665-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	96.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Adam K Plunkett		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9760 N Pomona Ave		Amount 110.70	
City Kansas City	State MO	Zip Code 64153	Transaction ID : 16f6cfcc-f58f-4a4f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	220.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2404 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 60.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : d123bdcf-d5bb-4ba6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 25.20	
City Charolette	State NC	Zip Code 28215	Transaction ID : 12ea24ab-e0f3-4459-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			85.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2405 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6101 NORA ST			Amount 90.00	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : 5348777c-c079-4d37-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6101 NORA ST			Amount 2.40	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : 4812117e-8531-4280-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2406 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2704 E Glen Oaks Dr		Amount 50.00
City Wichita	State KS	Zip Code 67216
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 2131a575-d252-41bb-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2704 E Glen Oaks Dr		Amount 13.20
City Wichita	State KS	Zip Code 67216
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : d13cb01b-76a5-4d09-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2407 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 51f72f2e-7564-4270-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 110 W Pecan St			Amount 35.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 88a12fcb-d72a-4805-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 80.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 1060c1e6-a352-45f5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2409 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 45.60		
City Picayune		State MS	Zip Code 39466		Transaction ID : 1f4751d3-5883-48e2-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Chinchar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014		
Mailing Address 2730 Dave Ward Dr			Amount 60.00		
City Conway		State AR	Zip Code 72034		Transaction ID : 8521b607-973a-4d8c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1731 Frenchmen St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2981afdd-dd04-4251-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	94.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2411 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1731 Frenchmen St			Amount 11.10	
City New Orleans	State LA	Zip Code 70116	Transaction ID : a7a6bd5c-6f9c-4889-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 9685 Paula St			Amount 100.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0385a9a5-3c75-4fa0-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2412 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 9685 Paula St		Amount 47.40
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 9f65e64a-a50b-44bc-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 1434 South Avenue		Amount 100.00
City Eden	State NC	Zip Code 27288
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 02896ef4-3000-4bbb-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	147.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2413 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1434 South Avenue		Amount 23.40	
City Eden	State NC	Zip Code 27288	Transaction ID : 8fb208b3-f21f-4a8e-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 633 Scott Dr		Amount 20.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 5fd959b2-e9e5-4fc9-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		43.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2414 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 633 Scott Dr			Amount 6.30		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 23ea8cfa-5dd9-40a8-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination 10 / 30 / 2014		
Mailing Address 633 Scott Dr			Amount 20.00		
City Gibsonville		State NC	Zip Code 27249		Transaction ID : 31a09218-6b00-453e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 10 / 30 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2415 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4902 Catawba Dr			Amount 10.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6dd53e0e-89a4-44df-a Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination 10 / 30 / 2014	
Mailing Address 4902 Catawba Dr			Amount 12.30	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1ef9d094-0196-48c2-8 Date of Disbursement or Obligation 10 / 30 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			22.30	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2416 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3300 Asher Ave		Amount 80.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 00013bb3-5c34-4ceb-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3300 Asher Ave		Amount 36.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 5d66d938-c240-47a7-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		116.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1211 Treaty Rd			Amount 65.00		
City Delphos	State KS	Zip Code 67436	Transaction ID : 749725e9-cbfa-413d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1211 Treaty Rd		Amount 26.10	
City Delphos	State KS	Zip Code 67436	Transaction ID : 023f219a-a705-4026-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd		Amount 60.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 2635deb6-e8f0-462e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Aaron L Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd		Amount 25.50	
City Cleveland	State MO	Zip Code 64734	Transaction ID : db66c369-1b15-4dd3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1123 1650 1364 1656"> <tr><td data-bbox="1123 1650 1364 1656">85.50</td></tr> </table>	85.50
85.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1123 1656 1364 1661"> <tr><td data-bbox="1123 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1123 1661 1364 1669"> <tr><td data-bbox="1123 1661 1364 1669"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9685 Paula St			Amount 43.50		
City Keithville	State LA	Zip Code 71047	Transaction ID : a4e12253-944d-4d79-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	143.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Greg Meens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount Amount 15.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 0e355ac0-3b73-4c26-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Amount 256632.98	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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2421 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd			Amount 50.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 2074a53e-f363-49d2-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 30217 Crook Rd			Amount 30.90	
City Cleveland	State MO	Zip Code 64734	Transaction ID : a8bf8306-66e9-448c-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2422 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 117 East Maple St			Amount 55.00	
City Bucklin	State KS	Zip Code 67834	Transaction ID : d49b71f9-ba3d-4429-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 117 East Maple St			Amount 7.32	
City Bucklin	State KS	Zip Code 67834	Transaction ID : be0bb31f-541c-49ef-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.32	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2423 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 145 Bradford Circle		Amount 45.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : 9ca310e3-f746-4d96-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 145 Bradford Circle		Amount 12.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : 1ece284e-2270-4fbb-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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 1095839.94		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

 MM / DD / YYYY
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2424 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 110.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 424f1dcd-3536-415c-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 3654 Tara St			Amount 60.00		
City springdale	State AR	Zip Code 72762	Transaction ID : a1739e28-d882-48fb-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 10 / 30 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			170.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 3654 Tara St			Amount 12.00		
City springdale	State AR	Zip Code 72762	Transaction ID : 50a4b6d8-d066-41ec-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 40.00		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : 4950c62c-e85e-41f2-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2426 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 1906 S Pine Apt B		Amount 32.70
City Pittsburg	State KS	Zip Code 66762
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : dd39880e-c068-4b9f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 272 Westgate Ct Apt 6		Amount 65.00
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 11fb338f-7c68-4a74-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	97.70
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2427 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 22.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : a1e2691e-4d3d-41ad-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9685 Paula St			Amount 105.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 4c13f622-06ba-4fc3-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			127.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2428 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 9685 Paula St			Amount 59.40		
City Keithville		State LA	Zip Code 71047		Transaction ID : d3787227-5749-4550-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 80.00		
City Searcy		State AR	Zip Code 72143		Transaction ID : 06d9a0f8-1bdf-4965-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			139.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2429 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 52.80	
City Searcy	State AR	Zip Code 72143	Transaction ID : 9bff9169-a190-46cd-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 200 Carawood Lane		Amount 65.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : be552cd9-6922-440f-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		117.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2430 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Randy G Lookabill			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 200 Carawood Lane			Amount 15.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : f05059ed-f007-483a-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 50.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4e335c6a-7d83-4beb-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2431 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 3.90	
City Marrero	State LA	Zip Code 70072	Transaction ID : 5812d840-a091-4d54-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Mailing Address 448 Judson Dr			Amount 40.00	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 01664264-f093-486e-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2432 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY					
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYYYY 10 / 30 / 2014		
Mailing Address 448 Judson Dr			Amount 1.50		
City Wake Forest		State NC	Zip Code 27587		Transaction ID : 47015127-acd2-44d2-9 Date of Disbursement or Obligation MM / DD / YYYYYY 10 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 80.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 3fe1ff80-938e-4e2f-8 Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose Office Sought: ☐ House ☒ Senate District: 00 State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYYYY 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2433 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3654 Tara St			Amount 55.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : dec12004-b6b6-4960-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3654 Tara St			Amount 8.70	
City Springdale	State AR	Zip Code 72762	Transaction ID : f0e201c5-7a2c-4648-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Talia J DeGisi		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 9513 Beverly Dr		Amount 7.50	
City Overland Park	State KS	Zip Code 66207	Transaction ID : 3255ab19-f4b8-40ac-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ House ☒ Senate
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: 2014 ☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Lydia H DeGisi			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 9513 Beverly Dr			Amount 10.50		
City Overland Park	State KS	Zip Code 66207	Transaction ID : c69fbd50-ecb3-4095-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2436 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joe Dockers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 419 W Ford St Apt C			Amount 70.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : c2562ab1-93b7-4f92-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 7 Bards Lane			Amount 85.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 3d964c79-a1f9-4ccc-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			155.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014

Full Name of Payee Andrew Stricklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2026 West Nettleton Avenue Apt 2		Amount 25.00	
City Jonesboro	State AR	Zip Code 72401	Transaction ID : a1746e88-8bed-4989-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Ashlee G Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 2226 Enloe St			Amount 11.50		
City Fayetteville	State NC	Zip Code 28306	Transaction ID : ba238442-afe7-4939-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.04
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2439 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Ashlee G Anderson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 2226 Enloe St		Amount 3.60		
City Fayetteville	State NC	Zip Code 28306	Transaction ID : 3307bdc2-0626-4801-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 1903 Swan Dr		Amount 100.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : b0d735de-d4a6-4c6c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		103.60		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Karen R Myers		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 14566 NW 110th St		Amount 110.00	
City Whitewater	State KS	Zip Code 67154	Transaction ID : a624c6e2-4ec4-4799-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	122.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2441 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 14566 NW 110th St			Amount 24.00	
City Whitewater	State KS	Zip Code 67154	Transaction ID : 413336fd-d849-4eb4-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address P.O. Box 712			Amount 125.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : f2e72fb1-1e32-40ef-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			149.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address P.O. Box 712			Amount 52.20		
City Alexander	State AR	Zip Code 72002	Transaction ID : 7c679bcb-841b-41bc-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4310 N Mission Rd		Amount 51.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 55aea92c-57ce-40a0-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	103.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Irene R Hoyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4310 N Mission Rd		Amount 7.65	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 7d45d8a1-09e4-4cec-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 6981129c-5a56-4149-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	107.65
(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.

Date _____

Signature

Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 18065 Wayne Rd			Amount 150.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : d0a28b0a-6bb6-459a-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Randy M Gold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1436 Haigs Creek Dr		Amount 150.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 7cf6c4b5-2e30-4805-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2445 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 1436 Haigs Creek Dr			Amount 88.92		
City Elgin	State SC	Zip Code 29045	Transaction ID : 10082de2-f8ae-4062-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 100 Asbury Ct			Amount 90.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 325d5709-7896-45ae-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			178.92		
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2446 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 2138 N 1000 Rd		Amount 10.00
City Eudora	State KS	Zip Code 66025
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 2ae4e0d2-8a1b-4ca9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 100 ASBURY CT		Amount 90.00
City WINCHESTER	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b106a687-7542-415b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2447 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 100 Asbury Ct			Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e0e3ebe0-100f-46a4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 100 Asbury Ct			Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 172e8763-1532-4e75-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2448 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 7655dec1-1a3a-4ccd-8 Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		 256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 13881b43-1270-48dd-9 Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		 256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____
(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.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2449 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 9cc19421-4d05-4f87-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 20.40	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : e2bbae1a-813f-4502-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2450 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brian A Sherwood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1003 W 5th St			Amount 20.00	
City Coffeyville	State KS	Zip Code 67337	Transaction ID : cf3f7afc-b1d3-4426-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 50.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 990e3e4f-1560-47f1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2451 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1025 Cayley Ct			Amount 105.00		
City High Point	State NC	Zip Code 27260	Transaction ID : c315d683-23b6-486a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 1025 Cayley Ct			Amount 26.10		
City High Point	State NC	Zip Code 27260	Transaction ID : 6ca17910-10b6-44a8-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2452 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1025 Cayley Ct			Amount 102.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 3608471f-c628-43be-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1025 Cayley Ct			Amount 25.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 89a3ed58-2234-4677-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			128.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4902 Catawba Dr		Amount 27.60	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 9868dcbe-1f6c-499f-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2454 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 15.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 7ca68f2d-ebbb-4085-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 12.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 4b8f2c22-fcbb-4ac5-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2455 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 804 Roundabout Circle			Amount 90.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 26171e45-a5a3-4ef2-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 121 Ohara Dr			Amount 95.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 23384240-064d-4550-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			185.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2456 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 121 Ohara Dr		Amount 161.10	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 7ae53b1c-506f-4d1b-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 70.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 399d6a2a-7f84-46ea-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	231.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 915 East Market Ave Apt 4		Amount 31.50	
City	State	Zip Code	Transaction ID : cf548d57-f3b5-40a4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Searcy	AR	72143	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 2121 Daniel Dr			Amount 90.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 77299666-1316-4fa4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	121.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 2121 Daniel Dr			Amount 22.20		
City	State	Zip Code	Transaction ID : 2323ba72-3805-4e29-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Searcy	AR	72143			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 633 Scott Dr		Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 557bb6bc-98cd-43f3-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	102.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2459 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 633 Scott Dr			Amount 19.20	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 78cc7248-09ea-4949-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 633 Scott Dr			Amount 80.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 7df89618-de97-49ca-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 543 S 2nd St			Amount 80.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 0ac5e924-27f1-423f-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 543 S 2nd St		Amount 8.40	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 389460e5-2446-43bc-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....		88.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Shelby J Davis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 6414 The Divide Pkwy Apt 204		Amount 25.00	
City Little Rock	State AR	Zip Code 72223	Transaction ID : 00970311-8357-4b3e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Landon R Boyles		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 211 Hidden Meadows Dr		Amount 25.00	
City Benton	State AR	Zip Code 72015	Transaction ID : e370f6df-3be1-4333-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Landon R Boyles			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014		
Mailing Address 211 Hidden Meadows Dr			Amount 6.30		
City Benton	State AR	Zip Code 72015	Transaction ID : ce49c443-7768-4bb8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3722 SE Evans Dr		Amount 30.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 58daa990-8991-494e-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heidi R Robinson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 3722 SE Evans Dr		Amount 5.70	
City Topeka	State KS	Zip Code 66609	Transaction ID : 7bd3a84a-cb19-46eb-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address 'M M' and value '11'. The second register has address 'D D' and value '24'. The third register has address 'Y Y Y Y' and value '2014'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2464 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 60.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : c7dca952-2552-468c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 24.30	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 129781fd-6d50-47d7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee US Airways		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4000 E Sky Harbor Blvd		Amount 2661.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 32bf8dab-a762-4b4a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Airfare		Category/ Type 004	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2701.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2466 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Orbitz			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 500 W Madison 1000			Amount 1712.07	
City Chicago	State IL	Zip Code 60661	Transaction ID : ae95ce65-524a-45fb-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Airfare		Category/ Type 004		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Orbitz			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 500 W Madison 1000			Amount 554.69	
City Chicago	State IL	Zip Code 60661	Transaction ID : 3e5a4294-a813-47d1-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2014	
Purpose of Expenditure Airfare		Category/ Type 004		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2266.76	
(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 M M / D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2467 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 66100			Amount 684.40	
City Chicago	State IL	Zip Code 60666	Transaction ID : 6ae93143-9ba4-424e-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 66100			Amount 708.40	
City Chicago	State IL	Zip Code 60666	Transaction ID : 03f82dc0-b424-4a01-8	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1392.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2468 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2025 NE 67th St			Amount 50.00	
City Gladstone	State MO	Zip Code 64118	Transaction ID : eff58576-21cb-43ee-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Camille N Yearry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2025 NE 67th St			Amount 18.18	
City Gladstone	State MO	Zip Code 64118	Transaction ID : b7df43ec-786d-4b97-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.18	
(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 <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee American Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675		Amount 488.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : 50bb63da-5f85-4c43-9
Purpose of Expenditure Airfare	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2470 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675			Amount 488.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : 909bcc35-1180-44bd-9	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 66100			Amount 565.70	
City Chicago	State IL	Zip Code 60666	Transaction ID : ae0eded2-a0e3-431e-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1054.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1434 South Avenue		Amount 15.60	
City Eden	State NC	Zip Code 27288	Transaction ID : 2114b2f5-9622-42e3-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: NC ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	1095839.94		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2472 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014					
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 619616 MD 5675			Amount 244.20		
City DFW Airport		State TX	Zip Code 75261		Transaction ID : f049670a-8d4c-4014-8
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 66100			Amount 557.20		
City Chicago		State IL	Zip Code 60666		Transaction ID : e8444d2b-54f0-4b0a-9
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			801.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2473 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 619616 MD 5675			Amount 1089.40	
City DFW Airport	State TX	Zip Code 75261	Transaction ID : cdb002f0-5032-4f33-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee US Airways			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4000 E Sky Harbor Blvd			Amount 1590.60	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : 579c6cec-939f-4a0f-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2680.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2474 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Delta			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 20706			Amount 524.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : 66152369-bb2e-4c14-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Delta			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 20706			Amount 526.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : 314b9d1f-cf67-445e-9	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1050.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2475 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Orbitz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 500 W Madison 1000		Amount 467.19	
City Chicago	State IL	Zip Code 60661	Transaction ID : e908b983-e525-48a8-8
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee United Airlines		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 66100		Amount 526.20	
City Chicago	State IL	Zip Code 60666	Transaction ID : 945beb6d-a1d9-4257-b
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	993.39
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2476 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 4ce9fd74-ea63-428c-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 605 W Houston St		Amount 48.90	
City Marshall	State TX	Zip Code 75633	Transaction ID : 43b6be6d-b528-4df2-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		128.90	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2477 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee United Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address PO Box 66100			Amount 354.20	
City Chicago		State IL	Zip Code 60666	
Purpose of Expenditure Airfare		Category/ Type	004 M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee US Airways			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 4000 E Sky Harbor Blvd			Amount 155.10	
City Phoenix		State AZ	Zip Code 85034	
Purpose of Expenditure Airfare		Category/ Type	004 M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			509.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2478 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee American Airlines			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address PO Box 619616 MD 5675			Amount 646.40		
City DFW Airport		State TX	Zip Code 75261		Transaction ID : 4e627d75-11c8-4e9d-8
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee US Airways			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014		
Mailing Address 4000 E Sky Harbor Blvd			Amount 2723.50		
City Phoenix		State AZ	Zip Code 85034		Transaction ID : 6f8c2866-5da5-4f27-8
Purpose of Expenditure Airfare		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3369.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2479 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee US Airways		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address 4000 E Sky Harbor Blvd		Amount 1590.60
City Phoenix	State AZ	Zip Code 85034
Purpose of Expenditure Airfare	Category/Type 004	Transaction ID : 4488513b-a343-4568-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Delta		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014
Mailing Address PO Box 20706		Amount 403.20
City Atlanta	State GA	Zip Code 30320
Purpose of Expenditure Airfare	Category/Type 004	Transaction ID : c59e9a51-07ed-4fac-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1993.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2480 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Delta			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 20706			Amount 526.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : b268be21-4ce2-4dd9-8	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Delta			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address PO Box 20706			Amount 554.20	
City Atlanta	State GA	Zip Code 30320	Transaction ID : 55c1d6b2-c5a3-4990-a	
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1080.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2481 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 30.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 164e9598-8836-4088-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 6.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 82bd8c1c-d78d-4ddb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2482 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /			
Full Name of Payee Chain Bridge Bank		Date of Public Distribution/Dissemination / / 11 / 01 / 2014	
Mailing Address 1445 Laughin Ave		Amount 7200.00	
City McLean	State VA	Zip Code 22101	Transaction ID : d50edb84-35aa-4a83-8 Date of Disbursement or Obligation / / 11 / 01 / 2014
Purpose of Expenditure Meals		Category/ Type 004	
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination / / 11 / 02 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 69.00	
City Conway	State AR	Zip Code 72034	Transaction ID : 2173e0c3-fd50-4d9c-b Date of Disbursement or Obligation / / 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		 7269.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date / / 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 26.49	
City Conway	State AR	Zip Code 72034	Transaction ID : 74eababd-3363-492e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify)	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1900 Glen West Way		Amount 50.00	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 6437f542-4353-4293-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1900 Glen West Way		Amount 23.10	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 8f2c8b63-6b79-4aa4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chain Bridge Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1445 Laughin Ave		Amount 2400.00	
City McLean	State VA	Zip Code 22101	Transaction ID : ea10523b-637f-4d66-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Travel	Category/ Type 004		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2423.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Chain Bridge Bank		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1445 Laughin Ave		Amount 2400.00	
City McLean	State VA	Zip Code 22101	Transaction ID : 301b8071-e5d7-4788-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Travel		Category/ Type 004	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2486 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Little Rock Tours		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3100 Interstate 30		Amount 7200.00	
City Little Rock	State AR	Zip Code 72206	Transaction ID : e8290452-6369-4f04-a
Purpose of Expenditure Travel	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Little Rock Tours		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014	
Mailing Address 3100 Interstate 30		Amount 7200.00	
City Little Rock	State AR	Zip Code 72206	Transaction ID : dbd358d5-a118-4449-b
Purpose of Expenditure Travel	Category/ Type	004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		14400.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2487 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Comfort Inn & Suites			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 7200 West 107th St			Amount 10290.00	
City Overland Park	State KS	Zip Code 66212	Transaction ID : 9e451df8-4d0e-4f86-9	
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Holiday Inn Presidential			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 600 Interstate 30			Amount 18565.00	
City Little Rock	State AR	Zip Code 72202	Transaction ID : 444be390-a7aa-4633-8	
Purpose of Expenditure Travel		Category/ Type 004	Date of Disbursement or Obligation 11 / 01 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28855.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2488 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Bailey R Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 402A N 10th St		Amount 25.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 8ed4e4bf-ac8e-430a-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Caelan J Blair		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 510 Haymaker Hall		Amount 45.00	
City Manhattan	State KS	Zip Code 66506	Transaction ID : b49cca6c-8b2a-493d-9
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Reagan Waites		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 9805 St Stephens Ct		Amount 3.60	
City Raleigh	State NC	Zip Code 27615	Transaction ID : 55ccc9b0-2cb6-44a6-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 

Signature _____

Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 3654 Tara St			Amount 5.10		
City Springdale	State AR	Zip Code 72762	Transaction ID : e56dff3b-836f-433e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Corban L Barnett		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1001 N Prospect		Amount 1.20	
City Liberal	State KS	Zip Code 67901	Transaction ID : 63e8ef75-1592-4992-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2492 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Chance B Ross			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 920 W Gracewood Apt 106			Amount 20.00	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0d58246b-bded-4305-9 Date of Disbursement or Obligation 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chance B Ross			Date of Public Distribution/Dissemination 11 / 01 / 2014	
Mailing Address 920 W Gracewood Apt 106			Amount 13.20	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 0f88c567-23e3-48d9-a Date of Disbursement or Obligation 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.20	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2493 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 95.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 74069acf-cc57-4453-a Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 01 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 48.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 40deacdc-7302-4544-8 Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 01 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			143.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 / YYYYYY 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2494 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 416 Vine Dr			Amount 45.00	
City Lawrence	State KS	Zip Code 66049	Transaction ID : f0195a8d-5fe7-47f7-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 416 Vine Dr			Amount 9.30	
City Lawrence	State KS	Zip Code 66049	Transaction ID : ed088b82-f417-4567-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			54.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2495 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 50.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 9c775769-d5dc-4371-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 4.80	
City Charlotte	State NC	Zip Code 23215	Transaction ID : 43a3e8c6-3fd0-415d-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 9425 Jessica Drive		Amount 8.70	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 5290f78f-320a-4814-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought 298625.67		District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Diagram showing three 16-bit registers (MMIO) with values 11, 24, and 2014. Each register has a 4-bit address above it (M M, D D, Y Y Y Y).

Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1830 College Height Rd			Amount 45.00		
City Manhattan	State KS	Zip Code 66502	Transaction ID : bd4cfa93-92dc-41e7-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1830 College Height Rd			Amount 22.50		
City Manhattan	State KS	Zip Code 66502	Transaction ID : daa809c7-95c0-47a5-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.

Date _____

Signature

Full Name of Payee Joseph R Rys		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 160 #50 Pompano Dr		Amount 12.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : 888bad0b-7463-4736-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2499 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 543 S 2nd St			Amount 60.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 63fb7686-8dab-4432-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 543 S 2nd St			Amount 3.90	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 68c65715-6e7c-4b2f-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 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2500 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rhonda Moback		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 2704 E Glen Oaks Dr		Amount 32.50		
City Wichita	State KS	Zip Code 67216	Transaction ID : a59962d0-18b1-4779-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 3002 Darden Rd Apt A		Amount 33.00		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 1ed01ff7-57ce-4e13-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		65.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2501 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6108 Harkins Ave		Amount 100.00	
City Little Rock	State AR	Zip Code 72210	Transaction ID : f292a906-3b5a-4f74-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon Linch		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6108 Harkins Ave		Amount 40.20	
City Little Rock	State AR	Zip Code 72210	Transaction ID : 29eac314-0f9b-40cd-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		140.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 100.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 48610108-ca15-4d93-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Alexa S Dudley			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 4367 Splitlog Rd			Amount 36.00		
City Goodman	State MO	Zip Code 64843	Transaction ID : 9b8993f7-2a70-4e0e-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			136.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date 11 / 24 / 2014		

Full Name of Payee Tristan Hightower		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2490 W Cornerstone Pl		Amount 4.50	
City Fayetteville	State AR	Zip Code 72703	Transaction ID : da2b59fb-4051-4399-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2504 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2150 Hope St			Amount 80.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : d7d1d54a-63d4-4204-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2150 Hope St			Amount 11.10	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 50ee3b92-ff08-4b8c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2505 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 3300 Asher Ave			Amount 90.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : e1de76ec-691c-45ca-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 3300 Asher Ave			Amount 73.50	
City Little Rock	State AR	Zip Code 72204	Transaction ID : b63f5286-03ac-4bb1-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			163.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2506 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1222 SE 44 St			Amount 35.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : 363d7a9a-9435-412b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary Catherine Toburen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1222 SE 44 St			Amount 10.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 11642a63-e266-409b-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 220 Doucet Rd			Amount 1.29		
City Lafayette	State LA	Zip Code 70503	Transaction ID : 7ec4e98d-c739-423e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	16.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2508 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 18.30
City Wilkesboro	State NC	Zip Code 28697
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : dd47a288-3aa8-459f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amy J McMillion		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1325 S Collegiate Dr Apt 202G		Amount 3.00
City Wilkesboro	State NC	Zip Code 28697
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 0213d032-5cfa-4fab-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC ☐ President
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2509 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4310 N Mission Rd			Amount 43.00	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : f41a58f1-112b-4c7b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Irene R Hoyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4310 N Mission Rd			Amount 16.44	
City Bel Aire	State KS	Zip Code 67226	Transaction ID : 9895650e-052f-4305-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.44	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2510 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 60.00	
City Harvest	State AL	Zip Code 35749	Transaction ID : e12dd7c7-3035-4514-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 26.10	
City Harvest	State AL	Zip Code 35749	Transaction ID : cb9cbfb0-0114-48d5-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	86.10
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 18.60	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 7384daa2-536d-4bb1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		
Disbursement For: 2014		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2512 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 121 Ohara Dr			Amount 95.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 4d3d42e0-5ac2-4a35-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 121 Ohara Dr			Amount 155.70	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 7134b271-8e74-422b-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			250.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Andrew Stricklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 2026 West Nettleton Avenue Apt 2			Amount 46.26		
City Jonesboro	State AR	Zip Code 72401	Transaction ID : f1e8684c-543c-499d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.26
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2514 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 7daec74f-a543-4583-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4106 Martha St			Amount 9.90	
City Shreveport	State LA	Zip Code 71109	Transaction ID : e8397e08-7588-4bdd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2515 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 623 Union Park Circle			Amount 35.00		
City Colwich		State KS	Zip Code 67030		Transaction ID : cfe0ab9a-c2d7-43fc-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 623 Union Park Circle			Amount 18.00		
City Colwich		State KS	Zip Code 67030		Transaction ID : 4fd874b-1a85-4037-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]		

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1117 Clipper Dr		Amount 3.60	
City Slidell	State LA	Zip Code 70458	Transaction ID : a8d09411-3c34-4a77-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	31.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2517 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 15.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : 07af2284-d561-4d11-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 2.70	
City Morehead	State NC	Zip Code 28557	Transaction ID : 2cc7ae32-1865-442f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 915 East Market Ave			Amount 74.10		
City	State	Zip Code	Transaction ID : d408d3d0-832f-435b-b		
Searcy	AR	72149	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr> <td data-bbox="1102 1501 1364 1507">154.10</td></tr> </table>	154.10
154.10		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr> <td data-bbox="1102 1507 1364 1512"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr> <td data-bbox="1102 1512 1364 1520"></td></tr> </table>	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	147.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2520 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 20679 Glenbrook Terrace		Amount 20.00
City Sterling	State VA	Zip Code 20165
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d156b3f5-d063-4d61-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Robert B Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 804 Worthington Way		Amount 40.00
City Wilmington	State NC	Zip Code 28411
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d2d3c488-3501-45ef-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Lisa A Hackett		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 137 S Palm ST		Amount 1.29	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 18f6da27-d2c3-4dac-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2522 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee John MacDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1926 Edgewater Dr		Amount 37.50
City Charolette	State NC	Zip Code 28210
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☐ General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee John MacDonald		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1926 Edgewater Dr		Amount 11.40
City Charolette	State NC	Zip Code 28210
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House ☒ Senate ☐ President ☐ General
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	48.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 404 Chancery Park Ct		Amount 6.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 57fec856-9f6f-409b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2524 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 40.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : d1985d15-5cfc-4928-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 7.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : 85290e17-de9b-47e7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2525 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 82.50	
City Picayune	State MS	Zip Code 39466	Transaction ID : baed24a1-1591-4581-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 41.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : c5fcf1ea-c6e2-45c9-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			123.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2526 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Maria A Britt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 4894 Thunder Bolt			Amount 90.00	
City Concord	State NC	Zip Code 28205	Transaction ID : d8ece8c3-7aa8-4127-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 400830e9-a0cd-4bcf-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2527 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 110 W Pecan St			Amount 36.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : b1d3c701-69c8-465a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 600 W Vine Ave			Amount 91.50	
City Searcy	State AR	Zip Code 72143	Transaction ID : 83bf352b-0333-4cfb-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			127.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 1211 Treaty Rd		Amount 45.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 798a10d4-81d0-422d-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature



Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 17b7adf1-7c93-4a77-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 915 East Market Ave		Amount 59.40	
City Searcy	State AR	Zip Code 72149	Transaction ID : a75e69b3-6754-4379-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2531 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 50.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : fa286f81-1abd-4bd3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1906 S Pine Apt B			Amount 49.68	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : e4f32b40-3bae-4b9e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.68	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Leslie D Moore		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1903 Swan Dr		Amount 5.70	
City Lenoir	State NC	Zip Code 28645	Transaction ID : c9f7a90f-8c67-4c43-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2533 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 1903 Swan Dr			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 7bc40480-03b0-4b67-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 1903 Swan Dr			Amount 5.70	
City Lenoir	State NC	Zip Code 28645	Transaction ID : 9440cb20-4861-4b9c-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 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2534 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Andy Ramos			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 907 West Trail			Amount 70.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : dcf50688-5a37-481b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Andy Ramos			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 907 West Trail			Amount 3.75	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 7c9135b6-3eb8-49ac-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.75	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Carmen Maddrey			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 2043 Nottingham Ln			Amount 1.20		
City Burlington	State NC	Zip Code 27215	Transaction ID : dec243cc-1187-411f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2536 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Victor M Valdez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1702 Central Ave		Amount 70.00
City Dodge City	State KS	Zip Code 67801
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 49da260c-7780-4ea4-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Victor M Valdez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1702 Central Ave		Amount 3.75
City Dodge City	State KS	Zip Code 67801
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 7390b348-1b58-4f69-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	73.75
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 9685 Paula St		Amount 99.99	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6884c078-3913-45c2-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	164.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2538 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 180 McNeil Steep Hollow Rd		Amount 75.00
City Carriere	State MS	Zip Code 39426
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 180 McNeil Steep Hollow Rd		Amount 16.20
City Carriere	State MS	Zip Code 39426
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	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

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 17.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 6bd6ac1f-4ea3-473b-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2540 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 30217 Crook Rd			Amount 20.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : bd82620e-cc78-4e4c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee April A Watson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 30217 Crook Rd			Amount 27.00	
City Cleveland	State MO	Zip Code 64734	Transaction ID : 519c0535-0773-410b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 02 / 2014		
Mailing Address P.O. Box 712			Amount 43.50		
City Alexander	State AR	Zip Code 72002	Transaction ID : c0456634-530c-402a-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1503 1364 1509"> <tr> <td data-bbox="1102 1503 1364 1509">138.50</td></tr> </table>	138.50
138.50		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1509 1364 1514"> <tr> <td data-bbox="1102 1509 1364 1514"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1514 1364 1522"> <tr> <td data-bbox="1102 1514 1364 1522"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2543 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 3110 Brentwood Rd		Amount 34.00
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d55d4185-edd1-48e7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 3110 Brentwood Rd		Amount 7.50
City Raleigh	State NC	Zip Code 27604
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 29434318-7671-4933-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2544 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 110.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 6330b9c0-68d7-4f06-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 20.10	
City Wichita	State KS	Zip Code 67216	Transaction ID : cadf996e-62b4-45cf-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			130.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2226 Taft Circle Apt 1		Amount \$ 65.00	
City Winchester	State VA	Zip Code 22601	Transaction ID : 5fcf2ff3-1a89-478d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1103 West Wilson Street		Amount 80.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 43addec5-bb07-49c7-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2547 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1103 West Wilson Street			Amount 21.60		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8ec5d987-4718-4b7f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 915 East Market Ave Apt 4			Amount 90.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : ac37e942-dde6-450b-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2548 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 915 East Market Ave Apt 4		Amount 39.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f1d29ef2-eb7a-4da6-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 2565 Shire Circle		Amount 70.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 1e26334b-dea4-47f6-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	109.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2549 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 205 Medallion Circle		Amount 80.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 66b9e583-32d6-4f9d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 205 Medallion Circle		Amount 76.20		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8b39d361-18bf-443f-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		156.20		
(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
Signature		MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 0823ece9-cff5-44f0-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2506 Bolch Street		Amount 78.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : aca0315d-9dbf-48d0-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 9685 Paula St		Amount 100.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 225d1431-de3d-4c3a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	210.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Mary D Meens		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 5724 SW Arrowhead Ct		Amount 30.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : 97ec32fa-60fe-4cdc-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2553 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 9.00		
City Topeka	State KS	Zip Code 66614	Transaction ID : 2f742fa3-3e04-471c-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination 11 / 02 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 67.50		
City Lexington	State NC	Zip Code 27295	Transaction ID : d2a72ba2-6712-4433-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			76.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2554 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 272 Westgate Ct Apt 6			Amount 6.00		
City Lexington	State NC	Zip Code 27295	Transaction ID : c9b0fc9a-bc05-48ea-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Greg Meens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 5724 SW Arrowhead Ct			Amount 30.00		
City Topeka	State KS	Zip Code 66614	Transaction ID : 5b8a22a6-be93-4604-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 200 Carawood Lane		Amount 22.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 56c3c18d-6b81-4634-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2556 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination 11 / 02 / 2014
Mailing Address 1025 Cayley Ct		Amount 105.00
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : bf2ba395-17f9-43db-9 Date of Disbursement or Obligation 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination 11 / 02 / 2014
Mailing Address 1025 Cayley Ct		Amount 24.60
City High Point	State NC	Zip Code 27260
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 037bd3bc-0853-477e-a Date of Disbursement or Obligation 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	129.60
(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

11 / 24 / 2014

Signature

Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 1025 Cayley Ct			Amount 26.10		
City High Point	State NC	Zip Code 27260	Transaction ID : 001f7cdf-2229-466f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President		
District: 00 State: NC					
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 9685 Paula St		Amount 32.70	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6db152a0-7658-4f2b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Eleanor McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 4902 Catawba Dr			Amount 26.40		
City Greensboro	State NC	Zip Code 27407	Transaction ID : b69fa6f5-0daa-48d8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2560 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 6418 East 12 St			Amount 9999.99 35.00	
City Wichita		State KS	Zip Code 67206	Transaction ID : 9032566b-ddae-42d0-9
Purpose of Expenditure Salary		Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 6418 East 12 St			Amount 9999.99 11.40	
City Wichita		State KS	Zip Code 67206	Transaction ID : bdc44c47-d9d8-4f43-8
Purpose of Expenditure Mileage		Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		99999999.99 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999.99 46.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999.99	
(c) TOTAL Independent Expenditures..... ▶			99999999.99	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2561 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6101 NORA ST			Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 11aa1194-f2e7-4834-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6101 NORA ST			Amount 2.10	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 526b5218-4236-4e8b-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 11 / 02 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2562 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 14817 E 29th N			Amount 22.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : f0fa8a20-3a8e-4870-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination 10 / 31 / 2014	
Mailing Address 14817 E 29th N			Amount 12.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : 77b55ab2-cd05-412c-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Andy Ramos		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 907 West Trail		Amount 5.10	
City Dodge City	State KS	Zip Code 67801	Transaction ID : c21d664d-b6f0-42d0-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2564 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Victor M Valdez			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1702 Central Ave			Amount 90.00	
City Dodge City	State KS	Zip Code 67801	Transaction ID : c78bd703-a2ca-4c35-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Victor M Valdez			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 1702 Central Ave			Amount 5.10	
City Dodge City	State KS	Zip Code 67801	Transaction ID : 69afe8c4-cde1-4c4f-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2565 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 40.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : f6dd5da0-320f-4fd4-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 2.40	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 1a77747f-7459-4988-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 10 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2566 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 633 Scott Dr			Amount 90.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 1576b54a-316b-45c9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 633 Scott Dr			Amount 16.80	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 4b2f824c-5ffc-4a62-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			106.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 5c616271-73a3-4dce-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 915 East Market Ave		Amount 64.20	
City	State	Zip Code	Transaction ID : a6511138-e57f-4d35-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Searcy	AR	72149	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	164.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2568 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 633 Scott Dr			Amount 90.00	
City Gibsonville		State NC	Zip Code 27249	
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 1491a018-9c6b-428f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 60.00	
City Hendersonville		State TN	Zip Code 37075	
Purpose of Expenditure Salary		Category/Type 001		Transaction ID : 7648bb4b-6324-4e1b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2569 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 42.60	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : cbe55726-cbb2-40a6-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee James A Sears			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014	
Mailing Address 305 Averroe Dr			Amount 45.00	
City Apex	State NC	Zip Code 27502	Transaction ID : d00a2027-8e96-4971-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			87.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2570 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 Asbury Ct			Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 79e42c33-1ef6-424c-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 02 / 2014	
Mailing Address 100 ASBURY CT			Amount 90.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : b5ff7c2c-1d4e-4178-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 3f64a977-47f0-4ce2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2573 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address F4 Benton Ave Apt 4			Amount 60.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : d460d99f-455b-4b95-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address F4 Benton Ave Apt 4			Amount 29.10	
City Searcy	State AR	Zip Code 72149	Transaction ID : 07cb3953-8ec7-4fb8-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2574 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 60.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 5a9517df-3a03-448a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 32.70	
City Conway	State AR	Zip Code 72032	Transaction ID : aa3b23e8-e6c3-4c6f-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	92.70
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2134 Oxford Dr		Amount 2.66	
City Salina	State KS	Zip Code 67401	Transaction ID : a5f242d5-e3cd-4069-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.66
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 6412 Osage Dr			Amount 80.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 0cad80ad-373c-4144-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 6412 Osage Dr			Amount 14.10		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 9bdec283-0b24-4f8f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	94.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2577 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 120.00	
City Elgin	State SC	Zip Code 29045	Transaction ID : 432af228-0c71-4173-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Randy M Gold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 1436 Haigs Creek Dr			Amount 88.95	
City Elgin	State SC	Zip Code 29045	Transaction ID : 1740076b-e933-41bb-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 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			208.95	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2578 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Kaleigh J Wagner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 18065 Wayne Rd			Amount 120.00		
City Odessa	State FL	Zip Code 33556	Transaction ID : 416e322b-82c1-41df-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 787 N 1851 Diagonal Rd			Amount 20.00		
City Lecompton	State KS	Zip Code 66050	Transaction ID : 9b8cce76-e863-490d-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought 256632.98			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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature _____					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2579 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 787 N 1851 Diagonal Rd		Amount 18.00
City Lecompton	State KS	Zip Code 66050
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e8b1f794-a09a-40fd-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brandon Wheeler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 10112 Piney Creek Ct		Amount 50.00
City Charolette	State NC	Zip Code 28215
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 4e0e38dd-5ee0-4386-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 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 286951.71		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2580 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 25.20	
City Charolette	State NC	Zip Code 28215	Transaction ID : 83eca76d-f1cf-4243-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Caleb J Ellicott			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Mailing Address 56893 S 695 rd			Amount 20.00	
City Colcord	State OK	Zip Code 74338	Transaction ID : d24e0d59-e74b-44be-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			45.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2581 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Dorthy Meyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 11707 South African Street			Amount 30.00	
City Olathe	State KS	Zip Code 66062	Transaction ID : e6091377-40b2-4f78-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Campaign Marketing Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 3240 Wilson Blvd 202			Amount 4166.80	
City Arlington	State VA	Zip Code 22201	Transaction ID : 72216ba8-d49b-44ee-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Purpose of Expenditure Robocalls		Category/ Type 004		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4196.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2582 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heidi R Robinson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 3722 SE Evans Dr			Amount 30.00	
City Topeka	State KS	Zip Code 66609	Transaction ID : ee626e2c-7ab2-43e8-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heidi R Robinson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 3722 SE Evans Dr			Amount 5.70	
City Topeka	State KS	Zip Code 66609	Transaction ID : cdfa30da-ee0a-436c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 314 S Main St			Amount 35.00		
City Roxboro	State NC	Zip Code 27573	Transaction ID : 1db06a3c-48c6-42a8-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 314 S Main St			Amount 8.64		
City Roxboro	State NC	Zip Code 27573	Transaction ID : 3124c799-8df2-4b50-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	District: 00 State: NC Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	43.64
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2584 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Marisa E Surdyke		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014
Mailing Address 1020 N 2nd Street		Amount 20.00
City Atchison	State KS	Zip Code 66002
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 424db074-239b-47dd-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Marisa E Surdyke		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 1020 N 2nd Street		Amount 40.00
City Atchison	State KS	Zip Code 66002
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : fd94a399-776f-4bc7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2134 Oxford Dr		Amount 50.00	
City Salina	State KS	Zip Code 67401	Transaction ID : 84df4952-e797-46aa-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2586 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Katelyn Stringer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address 2134 Oxford Dr		Amount 2.66
City Salina	State KS	
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : f2122223-89cc-4471-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mry S Everly		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address 787 N 1851 Diagonal Rd		Amount 20.00
City Lecompton	State KS	
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 8364c472-620e-4b51-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	22.66
(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

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2587 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mry S Everly			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 787 N 1851 Diagonal Rd			Amount 18.00	
City Lecompton	State KS	Zip Code 66050	Transaction ID : 62214b86-e5e4-48af-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 5510 Dogwood Dr			Amount 31.70	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 47a25ed5-1ce5-47a8-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			49.70	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2588 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5510 Dogwood Dr			Amount 11.67		
City Winston Salem		State NC	Zip Code 27105		Transaction ID : 570eeebc-2dcd-42d6-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Judith A Murphy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address PO Box 37			Amount 10.00		
City East Bend		State NC	Zip Code 27018		Transaction ID : f1cf928a-4ab3-4c47-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.67		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2589 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joanna Kindstedt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2134 Tobaccoville Rd			Amount 31.70	
City Rural Hall	State NC	Zip Code 27045	Transaction ID : 9466ffb5-5647-4179-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Facebook, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 1601 Willow Road			Amount 500.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : e8efe67d-f843-4ce4-8	
Purpose of Expenditure Facebook ad		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			531.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Camille N Yearry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2025 NE 67th St		Amount 15.96	
City Gladstone	State MO	Zip Code 64118	Transaction ID : f806adac-1c99-49c5-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	50.96
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Chad Stieben		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 16864 Stillwell Rd		Amount 4.20	
City Bonner Springs	State KS	Zip Code 66012	Transaction ID : 7745f1ea-5eff-4cbc-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	14.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2592 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Andrea M Gatts		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address 6894 106th		Amount 10.00
City Ozawkie	State KS	Zip Code 66070
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 7238aedc-9e79-4525-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Josiah B Beal		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2927 SW Hopkins Switch Rd		Amount 40.00
City El Dorado	State KS	Zip Code 67042
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 478e2182-fdbf-441f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS ☐ President
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2593 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M D D D Y Y Y Y Y Y				
Full Name of Payee Shantal C Culbreath			Date of Public Distribution/Dissemination 11 03 2014	
Mailing Address 4691 Hercules Lane			Amount 60.00	
City Woodbridge		State VA	Zip Code 22193	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 03 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachariah T Beal			Date of Public Distribution/Dissemination 11 03 2014	
Mailing Address 2927 SW Hopkins Switch Rd			Amount 40.00	
City El Dorado		State KS	Zip Code 67042	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation 11 03 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date 11 24 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2594 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Zachariah T Beal			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 2927 SW Hopkins Switch Rd			Amount 10.50		
City El Dorado	State KS	Zip Code 67042	Transaction ID : 1ba2a1e8-a3ed-45b5-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 50.00		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 1d311845-8539-40f6-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2595 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 3.90		
City Charlotte	State NC	Zip Code 23215	Transaction ID : fdb40540-d0c8-4a88-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kolbe J Peloquin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 623 Union Park Circle			Amount 50.00		
City Colwich	State KS	Zip Code 67030	Transaction ID : dc8ed615-a080-4a50-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2596 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Kolbe J Peloquin		Date of Public Distribution/Dissemination 11 / 03 / 2014
Mailing Address 623 Union Park Circle		Amount 18.90
City Colwich	State KS	Zip Code 67030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : f3c2e763-6eba-4b35-b Date of Disbursement or Obligation 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination 11 / 03 / 2014
Mailing Address 1110 N Coolidge		Amount 45.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : b88a80b4-c70b-45cc-9 Date of Disbursement or Obligation 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	63.90
(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

11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2597 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1110 N Coolidge		Amount 20.40	
City Gonzales	State LA	Zip Code 70737	Transaction ID : b93ab6fe-59e3-486b-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 45.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5263ace2-c3f2-4f33-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		65.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2598 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 1030 N Coolidge Ave		Amount 20.40		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4a177407-b924-43c7-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2014		
Mailing Address 4691 Hercules Lane		Amount 100.00		
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 0cfd6c16-ae06-4ef9-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		120.40		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2599 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 4691 Hercules Lane		Amount 100.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : e9c53d7a-0e07-4cd5-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 01 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Shantal C Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 4691 Hercules Lane		Amount 60.00	
City Woodbridge	State VA	Zip Code 22193	Transaction ID : 59771fe8-8ca2-4304-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2600 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : ae6ec119-2b8f-4b77-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 205 Medallion Circle			Amount 88.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8d2f096f-01bb-4260-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			168.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2601 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 52.50		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 998ea744-fe0f-4742-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 6.90		
City Clemmons		State NC	Zip Code 27012		Transaction ID : c4d7cc27-49d3-432f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Alisha A Hauser		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 199 Raven Circle		Amount 19.50	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 907f0cd1-8c73-4989-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2603 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 106 Hillside St		Amount 62.50	
City Spindale	State NC	Zip Code 28160	Transaction ID : 6f0ddf5c-6a32-49a3-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee David Ford		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 106 Hillside St		Amount 42.60	
City Spindale	State NC	Zip Code 28160	Transaction ID : 809f362f-652e-41f3-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	105.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2604 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1851 S Laura St		Amount 10.00
City Wichita	State KS	Zip Code 67211
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d5914ac7-4eae-472b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Adam L Clark		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1851 S Laura St		Amount 7.50
City Wichita	State KS	Zip Code 67211
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d622ec39-de17-4d35-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	17.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2605 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1510 Bailey St			Amount 47.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 188834fc-2826-4802-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1510 Bailey St			Amount 47.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : f719ccc8-1c5f-4889-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2606 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 9653 Nations Dr			Amount 25.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 864bac63-ec84-46a0-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nathan D Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 9653 Nations Dr			Amount 14.70	
City Springdale	State AR	Zip Code 72762	Transaction ID : 4ba294d9-36f0-4f8c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2607 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Luke S Buren			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 415 E Carroll			Amount 25.00		
City Macomb	State IL	Zip Code 61455	Transaction ID : d5a56711-d2b7-48d7-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 827 Navavre Ave			Amount 45.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : e4d4c636-42fc-40ca-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2608 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 827 Navavre Ave			Amount 9.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : c0c423ff-61fb-4d3a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Anselma A Trinidad			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7915 Curtina Ln			Amount 90.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : 312f8a87-6491-44d6-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			99.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2609 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7650 Fallswood Way			Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 60097afd-dba6-4f1e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7650 Fallswood Way			Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 11ffa051-c626-4430-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2610 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7650 Fallswood Way			Amount 30.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 12a37deb-ace1-4c39-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sue G Walker			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3 Girard			Amount 80.00	
City Fort Smith	State AR	Zip Code 72901	Transaction ID : 8237bcd6-64dd-45f9-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			110.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Eva M Johnston			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 2517 N 47th St			Amount 40.00		
City Milwaukee	State WI	Zip Code 53210	Transaction ID : 8034b515-67d6-4bcd-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 ☐ President State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1117 Clipper Dr		Amount 13.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 9aea328b-5c2f-41d1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 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 298625.67		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.

Date _____

Signature

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1117 Clipper Dr		Amount 3.66	
City Slidell	State LA	Zip Code 70458	Transaction ID : 28eafe8a-8b49-4dc6-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 6412 Osage Dr			Amount 80.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : d16e6b6b-c1cd-42ec-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.66
(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.

Date _____

Signature

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 211 Dixie Ave		Amount 20.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : d14013a2-6eaa-4881-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		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.

Signature

Full Name of Payee Edmond D Rea			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 416 Vine Dr			Amount 12.93		
City Lawrence	State KS	Zip Code 66049	Transaction ID : 3720c67d-1981-4f70-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.93
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2615 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1434 South Avenue			Amount 100.00	
City Eden	State NC	Zip Code 27288	Transaction ID : 8f2f678b-6d77-4934-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa Booth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1434 South Avenue			Amount 25.50	
City Eden	State NC	Zip Code 27288	Transaction ID : 6fa77128-db11-4e8e-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 995 Clairborne Rd			Amount 19.80		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 00e1cc2a-aead-4446-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	72.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2617 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 77.50		
City New Bern	State NC	Zip Code 28560	Transaction ID : 889914a1-5017-48d3-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 160 #50 Pompano Dr			Amount 6.72		
City New Bern	State NC	Zip Code 28560	Transaction ID : d9f9793b-caaf-4c74-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.22		
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2618 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 40.00		
City Neosho	State MO	Zip Code 64850	Transaction ID : bec9119c-e77a-4675-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Andrea L Hammond			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 12920 Kneeland Ln			Amount 28.50		
City Neosho	State MO	Zip Code 64850	Transaction ID : fa617a20-a2b6-4465-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2619 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 8822 Apple St		Amount 80.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 7ecf6b1c-7ec3-418a-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 8822 Apple St		Amount 16.50		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 5694ed01-f24d-4f11-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		96.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 11 Cooper Lane		Amount 38.40	
City Conway	State AR	Zip Code 72034	Transaction ID : 3f93b820-221b-4853-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 90.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 8edd92f3-9b33-42f6-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....		170.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2623 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : c3463ab4-911b-4a66-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 14.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4dc2defb-54ff-41d9-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2624 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 20.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : c2b0ba16-ccb5-471d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2			Amount 20.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 9a0f46cd-0696-4bb1-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2625 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 286 Wrenn Drive			Amount 15.00	
City Lexington	State NC	Zip Code 27292	Transaction ID : 298959c0-f37a-4dda-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ruthie M Thompson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 286 Wrenn Drive			Amount 3.60	
City Lexington	State NC	Zip Code 27292	Transaction ID : b8734bb7-3c78-4caa-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 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			18.60	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2626 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 15.00	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : 642fc1d1-ae58-40e7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Marilyn A Holt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 314 Tumbleweed Dr			Amount 10.80	
City Winston Salem	State NC	Zip Code 27127	Transaction ID : d2195c06-b0da-40bb-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			25.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

Full Name of Payee April A Watson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 30217 Crook Rd			Amount 25.20		
City Cleveland	State MO	Zip Code 64734	Transaction ID : 53d549a7-970e-4c0d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2628 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Avery Watson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 30217 Crook Rd		Amount 12.00
City Cleveland	State MO	Zip Code 64734
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a0738b61-143b-483d-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Barbara A Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 3002 Darden Rd Apt A		Amount 75.00
City Greensboro	State NC	Zip Code 27407
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 371f5eee-53fd-41ed-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	87.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2629 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1851 S Laura St		Amount 10.00	
City Wichita	State KS	Zip Code 67211	Transaction ID : 4c47bfbb-f3b0-4515-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cayenne C Corbin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1851 S Laura St		Amount 7.50	
City Wichita	State KS	Zip Code 67211	Transaction ID : 61d4634d-b35c-459f-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2630 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 72.50	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : e7497888-7485-4ed9-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 27.60	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 15ada003-cbdb-416a-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		100.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Kevin L Battle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3300 Asher Ave		Amount 63.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 6b3f43b2-bc79-4213-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	153.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2632 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 83.00	
City Lexington		State NC	Zip Code 27295	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : f7405f85-e98d-412c-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 11.10	
City Lexington		State NC	Zip Code 27295	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 6631dabf-0d84-45c9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 1095839.94			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 _____ Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 9425 Jessica Drive		Amount 20.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 238a9663-04b7-45e4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		85.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 110 W Pecan St		Amount 99.99	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 1b3d4dbd-e3dd-4d4b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 110 W Pecan St		Amount 38.10	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 957236ce-1ec0-4d47-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	98.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Ceslie A Benner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 2081 Knob Hill Rd			Amount 70.00		
City	State	Zip Code	Transaction ID : 87512a94-5b2a-46d8-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Azle	TX	76020			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ceslie A Benner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2081 Knob Hill Rd		Amount 41.10	
City Azle	State TX	Zip Code 76020	Transaction ID : d96b7a44-f517-41bd-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	111.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2636 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 314 S Main St			Amount 72.50	
City Roxboro	State NC	Zip Code 27573	Transaction ID : 709db60f-edba-4a8b-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julie M Gentry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 314 S Main St			Amount 18.75	
City Roxboro	State NC	Zip Code 27573	Transaction ID : ef545b91-7934-4724-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			91.25	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2637 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1830 College Height Rd			Amount 20.00	
City Manhattan	State KS	Zip Code 66502	Transaction ID : d943903f-a0f4-45e6-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kyler A Jost			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1830 College Height Rd			Amount 4.80	
City Manhattan	State KS	Zip Code 66502	Transaction ID : 18e12898-6f02-47fb-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			24.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2638 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 60.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 113b32ff-a3a4-48c6-b
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paulette M Carrieri		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4805 TuPenny Lane		Amount 21.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 549f06c1-caea-4501-9
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		81.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2639 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 20.00	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 60629ae3-1dc4-4681-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Diane Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4006 Wolkswalk Place			Amount 0.30	
City Raleigh	State NC	Zip Code 27610	Transaction ID : 7d4695e6-34ab-4712-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2640 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4106 Martha St			Amount 90.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : c6882640-c153-43b4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4106 Martha St			Amount 11.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 7fd2f4d8-25d1-42f4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			101.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2641 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 97.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 5cc12684-6d6b-411a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3110 Brentwood Rd			Amount 13.50	
City Raleigh	State NC	Zip Code 27604	Transaction ID : 83b4c24d-6be7-4d1b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2642 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY			
Full Name of Payee Mary Catherine Toburen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1222 SE 44 St		Amount 57.50	
City Topeka	State KS	Zip Code 66609	Transaction ID : 34253e67-6d31-463b-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2530 Brook Stone Dr		Amount 90.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : e90813cb-ebb5-4a93-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		147.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2643 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gabriela P Sosa		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2530 Brook Stone Dr		Amount 18.00		
City Clemmons	State NC	Zip Code 27012	Transaction ID : dedeedd1-5260-4962-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael D English		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address F4 Benton Ave Apt 4		Amount 60.00		
City Searcy	State AR	Zip Code 72149	Transaction ID : 7ab7990b-3a40-4818-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		78.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2644 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael D English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address F4 Benton Ave Apt 4			Amount 28.50		
City Searcy	State AR	Zip Code 72149	Transaction ID : 56ec180d-857a-4981-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Eric J Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 4967 Dysartville			Amount 80.00		
City Morganton	State NC	Zip Code 28655	Transaction ID : e8f283ec-3352-4add-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2645 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 80.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : 7d27fb65-9bdb-4607-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 9.30	
City Morganton	State NC	Zip Code 28655	Transaction ID : 48d97742-ecfe-42fa-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			89.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 23.52	
City Conway	State AR	Zip Code 72034	Transaction ID : b7d515d8-9e66-41a5-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought		286951.71	District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ 79.52
(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.

Date / /

Signature

Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount Amount 53.10	
City Conway	State AR	Zip Code 72032	Transaction ID : 9bc46367-6250-442a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	Amount 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	198.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2648 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 202 Rue Des Cajun		Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f950dd7e-dc10-4a89-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 202 Rue Des Cajun		Amount 18.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : c7b6ef83-459b-4269-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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
Signature		MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2649 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 605 W Houston St			Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 84d867ef-1a82-4982-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 605 W Houston St			Amount 51.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : ab48f2cf-5052-4f10-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e71969a4-884e-4874-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2506 Bolch Street		Amount 82.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 7717af29-ea87-44a5-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	162.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2651 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 813 Worthington Way			Amount 40.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : dc4fac3a-afd9-44ac-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 813 Worthington Way			Amount 4.80	
City Wilmington	State NC	Zip Code 28411	Transaction ID : 5d294da1-8d5d-48b5-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			44.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2652 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 5.00	
City Morehead	State NC	Zip Code 28557	Transaction ID : 537ba5d5-1f87-4b5e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gloria L Moyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1505 Dills Creek Lane			Amount 1.20	
City Morehead	State NC	Zip Code 28557	Transaction ID : 00543466-0fd9-4067-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			6.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2653 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1519 Walshtown Rd		Amount 50.00
City Boomer	State NC	Zip Code 28606
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 7a0da6c0-778e-4651-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sommer E Cox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1519 Walshtown Rd		Amount 8.10
City Boomer	State NC	Zip Code 28606
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : f967ee8c-38ff-4835-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	58.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2654 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 137 S Palm ST			Amount 45.00	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 3d400977-ba19-40b9-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 137 S Palm ST			Amount 8.88	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 7a435ea0-0d88-4431-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.88	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2655 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 85.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : ee0444ca-04b1-4bea-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 47.10	
City Picayune	State MS	Zip Code 39466	Transaction ID : 3369cb32-a0de-4351-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2656 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Aldininka D Darensbourg			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 8200 Palm St Apt 219			Amount 50.00	
City New Orleans	State LA	Zip Code 70118	Transaction ID : 9c4a1f05-2150-48d1-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Aldininka D Darensbourg			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 8200 Palm St Apt 219			Amount 1.20	
City New Orleans	State LA	Zip Code 70118	Transaction ID : 75ac1d06-5cb6-4d16-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2657 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Aldininka D Darensbourg			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 8200 Palm St Apt 219			Amount 50.00		
City New Orleans	State LA	Zip Code 70118	Transaction ID : 6654fbc9-a8c8-4f37-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aldininka D Darensbourg			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 8200 Palm St Apt 219			Amount 1.20		
City New Orleans	State LA	Zip Code 70118	Transaction ID : fdee36ab-08fe-499d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2658 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 47ffff74-fbca-4b1e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 75.00	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 41886e03-4997-4fdf-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2659 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Heather N Montgomery		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 106 Wyncrest Ct		Amount 19.50	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : b5442700-e0b3-43d0-8
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 115 Burns Mitchell Drive		Amount 95.00	
City Belmont	State NC	Zip Code 28012	Transaction ID : addbce32-1aed-4948-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 1095839.94		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

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2660 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee William M Criswell		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 115 Burns Mitchell Drive		Amount 13.50		
City Belmont	State NC	Zip Code 28012	Transaction ID : bedf7ec9-b740-48bd-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vonniqua Jackson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 111 Westchester Blvd Apt D4		Amount 100.00		
City Slidell	State LA	Zip Code 70458	Transaction ID : b9fef38e-ebab-441d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		113.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2661 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3041 SW Burlingame Rd			Amount 60.00	
City Topeka	State KS	Zip Code 66611	Transaction ID : a7145475-4310-4136-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kathy Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3041 SW Burlingame Rd			Amount 28.80	
City Topeka	State KS	Zip Code 66611	Transaction ID : fb9dd20a-9fb4-414c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2662 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 407 randall Dr			Amount 70.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : f1ab2085-277c-492a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 407 randall Dr			Amount 33.60		
City Searcy	State AR	Zip Code 72143	Transaction ID : 861da05d-e237-4ba3-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			103.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2663 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1103 West Wilson Street		Amount 80.00
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 4ac877bf-137f-4fab-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 1103 West Wilson Street		Amount 30.90
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 3a869c86-7489-4dcb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	110.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2664 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 282 Falls Ave			Amount 25.00	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 44f5cb0a-f32b-4a58-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 282 Falls Ave			Amount 18.30	
City Granite Falls	State NC	Zip Code 28630	Transaction ID : 23e1e668-56be-4cd2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2665 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Staci J Ingram		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount 108.33		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 2461ff92-a1b0-4726-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Staci J Ingram		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B		Amount 25.14		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 39d0e263-c6db-4d29-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		133.47		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Chance B Ross		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 920 W Gracewood Apt 106		Amount 18.30	
City Fayetteville	State AR	Zip Code 72701	Transaction ID : 7e7e30d7-5057-4280-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 286951.71		District: 00 State: AR Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		48.30
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2667 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 6108 Harkins Ave			Amount 80.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 196e44e0-9b27-488c-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 6108 Harkins Ave			Amount 29.10		
City Little Rock		State AR	Zip Code 72210		Transaction ID : e7e10eb7-289a-4cf4-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 32.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 600ee331-9848-48ee-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Ashley n Thompson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 272 Westgate Ct Apt 6		Amount 9.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : c4759f30-8bf7-4cb4-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	41.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2669 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 200 Carawood Lane		Amount 92.50
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 40096e6a-b16d-49db-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 200 Carawood Lane		Amount 33.00
City Lexington	State NC	Zip Code 27295
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 0aee4367-b077-45c2-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	125.50
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2670 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 22.50		
City Winchester	State VA	Zip Code 22601	Transaction ID : 61ead42c-af26-4708-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 03 / 2014		
Mailing Address 6101 NORA ST			Amount 65.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 825be083-ca51-4ae8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2671 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 6101 NORA ST			Amount 2.40	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 8f29e477-ae79-445a-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1025 Cayley Ct			Amount 105.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 24c8c173-8f1c-49d1-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			107.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2672 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Chris McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1025 Cayley Ct			Amount 28.80	
City High Point	State NC	Zip Code 27260	Transaction ID : 6eeca3ab-636f-43e8-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 10112 Piney Creek Ct			Amount 70.00	
City Charolette	State NC	Zip Code 28215	Transaction ID : 5b0a512d-f8bb-4e65-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2673 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brandon Wheeler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 10112 Piney Creek Ct			Amount 27.90		
City Charolette	State NC	Zip Code 28215	Transaction ID : 50ab218d-c112-457d-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 11 / 03 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 1025 Cayley Ct			Amount 105.00		
City High Point	State NC	Zip Code 27260	Transaction ID : 8f060665-a239-4458-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 4902 Catawba Dr		Amount 105.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : fd363f48-0160-47df-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President	District: <u>00</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2675 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 4902 Catawba Dr		Amount 28.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 5b210f84-c5dc-4c52-a
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address P.O. Box 712		Amount 125.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : f031da7b-5970-4bcd-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		153.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2676 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address P.O. Box 712			Amount 58.50	
City Alexander	State AR	Zip Code 72002	Transaction ID : 33b52e2f-b869-4140-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 915 East Market Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : f7fd8186-5b19-4556-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			138.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2677 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 915 East Market Ave			Amount 92.70	
City Searcy	State AR	Zip Code 72149	Transaction ID : 8287ac6f-d5e7-4cf4-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 50.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : dde06605-4753-4afd-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2678 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jackson S Tuttle		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 404 Chancery Park Ct		Amount 7.50
City Kernersville	State NC	Zip Code 27284
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 36e508f3-bf05-4cd0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Adena V Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 450 Judson Dr		Amount 42.50
City Wake Forest	State NC	Zip Code 27587
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b425f0dd-e83e-4143-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 448 Judson Dr			Amount 5.10		
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 1c1cbd38-6361-4597-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 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		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	47.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2680 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Maria A Britt		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 4894 Thunder Bolt		Amount 90.00
City Concord	State NC	Zip Code 28205
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9a7ea1ea-9db3-4a74-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2565 Shire Circle		Amount 50.00
City Harrisonburg	State VA	Zip Code 22801
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e67803cf-f25a-44f6-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2681 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 29637 Park St			Amount 10.00	
City Walker	State LA	Zip Code 70785	Transaction ID : 012d31b2-a916-47f7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 29637 Park St			Amount 2.40	
City Walker	State LA	Zip Code 70785	Transaction ID : 3e2c23de-f513-413c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			12.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7144 South River Rd		Amount 8.10	
City	State	Zip Code	Transaction ID : da00b081-d9b5-45ec-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Addis	LA	70710	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		298625.67	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2683 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5003 Allison Lane			Amount 80.00		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 0b928557-b501-410e-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cecilla A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5003 Allison Lane			Amount 0.30		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : 5cd5f861-7e02-45b4-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7144 South River Rd		Amount 70.00	
City	State	Zip Code	Transaction ID : 6d20aa28-0260-4519-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Addis	LA	70710	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 7144 South River Rd		Amount 8.10	
City Addis	State LA	Zip Code 70710	Transaction ID : 9f6f359b-150a-4e37-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	78.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2685 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 90.00	
City Midland	State NC	Zip Code 28107	Transaction ID : 0a89d1c1-d65f-4187-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee OLynda Walker			Date of Public Distribution/Dissemination 11 / 03 / 2014	
Mailing Address 10000 Mount Pleasant Rd			Amount 26.70	
City Midland	State NC	Zip Code 28107	Transaction ID : 40fc85e2-6e46-46fe-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			116.70	
(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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2686 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 45.00		
City Cary	State NC	Zip Code 27519	Transaction ID : 178e8141-e46a-405c-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 11.61		
City Cary	State NC	Zip Code 27519	Transaction ID : 04a0c4e8-a557-4c6b-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.61		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2687 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 308 West Main Street			Amount 95.00	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 52bc3cff-6e17-47e8-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 308 West Main Street			Amount 29.73	
City Pilot Mountain	State NC	Zip Code 27041	Transaction ID : 2dc9b52a-eb1f-46d7-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124.73	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2688 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 308 West Main Street			Amount 95.00		
City Plot Mountain	State NC	Zip Code 27041	Transaction ID : ba2a4571-776c-425c-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 101 Asbury Ct			Amount 80.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 6de432e9-3dac-4a4b-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			175.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 40.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 95dc12ad-c391-4a3e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2690 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 30.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : 8e942fab-235a-4152-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 21.30	
City Carriere	State MS	Zip Code 39426	Transaction ID : 01c6318c-03c6-46e2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2691 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 600 W Vine Ave			Amount 95.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : c9cc408e-ad6f-4489-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Stuart T Haley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 600 W Vine Ave			Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 77dfff65-8c65-4514-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2692 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 80.00
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 3c34f50e-aaae-49b8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014
Mailing Address 2357 Fancy Cap Rd		Amount 14.85
City Mt. Airy	State NC	Zip Code 27030
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 240d8974-decc-4d1d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	94.85
(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

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2693 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 62.50	
City Wichita	State KS	Zip Code 67213	Transaction ID : 0432fb26-348d-41a5-8
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dianna R Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 1510 W Pawnee Apt 2103		Amount 15.60	
City Wichita	State KS	Zip Code 67213	Transaction ID : c0f8f7f9-aa33-412d-b
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2694 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 6418 East 12 St			Amount 40.00		
City Wichita		State KS	Zip Code 67206		Transaction ID : dce9a343-251e-4253-b
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jake Mathews			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 6418 East 12 St			Amount 22.80		
City Wichita		State KS	Zip Code 67206		Transaction ID : 523cdecc-a185-4f58-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2695 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 60.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 73a3d21a-cd2b-48d6-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3007 Darden Rd			Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : e73ae316-dbb1-4b79-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 3007 Darden Rd			Amount 18.60		
City Greensboro	State NC	Zip Code 27407	Transaction ID : 29dc4162-856f-414e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Beverly Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 3007 Darden Rd		Amount 80.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 279df79f-6b5f-4cd3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee LaVonna A Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1211 Treaty Rd		Amount Amount 24.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 8cffb720-2d19-4548-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President
Calendar Year-To-Date Per Election for Office Sought		Year-To-Date 256632.98	District: 00 State: KS Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	104.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2699 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 70.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : ac86c70a-622c-4a50-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 21.30	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : f6db405e-cb4e-4845-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2700 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 117 East Maple St			Amount 55.00	
City Bucklin	State KS	Zip Code 67834	Transaction ID : 86928990-6b92-4863-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tywan Scott-Kwofie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 117 East Maple St			Amount 7.63	
City Bucklin	State KS	Zip Code 67834	Transaction ID : 650b6c2b-eb32-4edb-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.63	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 5521 Randolph St.			Amount 65.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 964243d8-c277-4ded-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 5521 Randolph St.		Amount 16.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : 3867a660-8682-4d7c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2702 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 5521 Randolph St			Amount 12.50	
City Marrero	State LA	Zip Code 70072	Transaction ID : 8ebad960-2fb3-432d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 121 Ohara Dr			Amount 95.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 747b1f81-4a13-41e8-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			107.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2703 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 121 Ohara Dr			Amount 165.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 18e3237b-295f-45f7-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 80.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : e8b3fd36-a852-446d-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			245.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 915 East Market Ave		Amount 100.00	
City	State	Zip Code	Transaction ID : cfcd7dd-ed9b-4d24-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.85
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2705 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 915 East Market Ave		Amount 75.60	
City Searcy	State AR	Zip Code 72149	Transaction ID : 4448cac1-0a8a-4200-a
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jordyn Kilbury		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 5416 S Santa Fe Street		Amount 70.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 89e4fc2b-199d-4994-a
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	145.60
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2706 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 8.70		
City Wichita		State KS	Zip Code 67216		Transaction ID : 4da455e5-45a0-4f57-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 30.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 85cf03ba-0fcf-4b03-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					38.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2707 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 7.80		
City Marrero	State LA	Zip Code 70072	Transaction ID : b5d72e35-d214-4acd-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Robert B Johnson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 804 Worthington Way			Amount 20.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : f5d8cbf9-177e-455d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2708 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jacob T Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014		
Mailing Address 1410 Bushville Dr			Amount 20.00		
City Lenoir	State NC	Zip Code 28645	Transaction ID : 80f7545e-9a56-4d88-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 543 S 2nd St			Amount 70.00		
City Bellaire	State NC	Zip Code 77401	Transaction ID : 0468b227-b070-4caf-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014		
Signature					

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 250 JS Brewton rd		Amount 30.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 67afd7c2-9b27-4e83-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2710 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 250 JS Brewton rd		Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : 0bffe59f-7f19-451d-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 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9e933415-1d37-4f00-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		93.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2711 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 ASBURY CT			Amount 90.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : e9bc7155-6378-4975-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 Asbury Ct			Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 5e78a39b-7edb-4a49-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2712 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 100 Asbury Ct		Amount 90.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 52bf8b5d-1e22-486d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman		Office Sought: ☐ House District: 00 ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 2150 Hope St		Amount 80.00
City New Orleans	State LA	Zip Code 70119
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 47fcbe8b-ee0a-43cf-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	170.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2713 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2150 Hope St			Amount 11.40	
City New Orleans		State LA	Zip Code 70119	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : ce6bc9c5-0ffe-406a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 100.00	
City Searcy		State AR	Zip Code 72143	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : ab2be2f2-3f52-4fe9-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			111.40	
(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 <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2714 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Joseph R English			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 915 East Market Ave Apt 4			Amount 52.50	
City Searcy		State AR	Zip Code 72143	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 201823e9-0182-47c4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 90.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : b278cedc-1685-4c22-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination 11 02 2014	
Mailing Address 6718 Lake Willow Dr		Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 5898be5c-0353-4f95-8 Date of Disbursement or Obligation 11 02 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		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 _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2716 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 14.70	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carmin S Roldan-Myers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 214 Needle Pk Dr			Amount 25.00	
City Cary		State NC	Zip Code 27513	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2717 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carmin S Roldan-Myers			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 214 Needle Pk Dr			Amount 2.10	
City Cary	State NC	Zip Code 27513	Transaction ID : 370b9ca5-efbb-41b8-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1691 Fork Mtn Rd			Amount 80.00	
City Bakersville	State NC	Zip Code 28705	Transaction ID : bb7f93dc-452f-47ee-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 11707 South African Street		Amount 81.00	
City Olathe	State KS	Zip Code 66062	Transaction ID : 43763419-3da3-4ea2-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	114.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2719 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Dorthy Meyer		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 11707 South African Street		Amount 13.20	
City Olathe	State KS	Zip Code 66062	Transaction ID : df0b0a8d-1712-4972-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 9685 Paula St		Amount 105.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 75f31461-c436-442b-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		118.20	
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2720 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 9685 Paula St			Amount 53.70	
City Keithville	State LA	Zip Code 71047	Transaction ID : 90db20cd-1f86-4d7b-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 7 Bards Lane			Amount 100.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : b146363f-d68a-4c20-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			153.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1731 Frenchmen St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : cfa9c003-17ec-45a7-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	87.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 20.00	
City Eudora	State KS	Zip Code 66025	Transaction ID : 03990979-503b-4762-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Other (specify) ☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2723 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Kristina M Jinkens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 2138 N 1000 Rd		Amount 7.50	
City Eudora	State KS	Zip Code 66025	Transaction ID : 3bf97273-4bda-4e12-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: KS	
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jonathan M Harris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Mailing Address 3654 Tara St		Amount 60.00	
City Springdale	State AR	Zip Code 72762	Transaction ID : 6312687c-8619-4c6f-9
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		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.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Jonathan M Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014		
Mailing Address 3654 Tara St			Amount 7.20		
City Springdale	State AR	Zip Code 72762	Transaction ID : 95eb1cff-74fb-4861-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kaitlyn B Allen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 2121 Daniel Dr		Amount 110.00	
City	State	Zip Code	Transaction ID : c5b7ebd9-4550-466a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014
Searcy	AR	72143	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	117.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Rose M Aldapa		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 14817 E 29th N		Amount 15.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : 1739b543-7be8-4209-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 03 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

[illegible]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three 16-bit registers are shown, each with a 4-bit address above it. The first register has address MM and value 11. The second register has address DD and value 24. The third register has address YYYY and value 2014.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2726 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 14817 E 29th N			Amount 12.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : c476c33b-9317-4ceb-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address 14817 E 29th N			Amount 35.00	
City Wichita	State KS	Zip Code 67228	Transaction ID : 56bdb64e-cd80-4b76-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 02 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2727 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rose M Aldapa			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 14817 E 29th N			Amount 15.90		
City Wichita	State KS	Zip Code 67228	Transaction ID : efe54bcc-1126-4035-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caelan J Blair			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Mailing Address 510 Haymaker Hall			Amount 15.00		
City Manhattan	State KS	Zip Code 66506	Transaction ID : 0cdc9a4b-35b2-47fd-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1900 Glen West Way		Amount 23.10	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 5790fb02-ce99-4177-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	113.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2729 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 633 Scott Dr			Amount 90.00	
City Gibsonville		State NC	Zip Code 27249	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 09f4a4c9-4469-44bc-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 633 Scott Dr			Amount 17.40	
City Gibsonville		State NC	Zip Code 27249	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 2ff35760-b3dd-45cf-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2730 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 633 Scott Dr			Amount 90.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : c9e7003d-8fe8-4eba-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Shantell R Taylor			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address PO Box 870610			Amount 50.00	
City New Orleans	State LA	Zip Code 70186	Transaction ID : 626416b4-0f7d-4cc4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2731 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Shantell R Taylor			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address PO Box 870610			Amount 0.56	
City New Orleans		State LA	Zip Code 70186	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : eefb3327-8c23-47ac-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1410 Bushville Dr			Amount 35.00	
City Lenoir		State NC	Zip Code 28645	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 22726be5-d2b6-4ab1-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.56	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2732 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sharon t Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1410 Bushville Dr			Amount 7.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : d5185e96-4b36-40a6-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lance Reichenberger			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2014	
Mailing Address 1426 N Glendale			Amount 50.00	
City Wichita	State KS	Zip Code 67208	Transaction ID : d229495d-c11e-4539-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Deborah L Fulthorp			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 4113 Melissa Dr			Amount 15.00		
City Farmville	State NC	Zip Code 27828	Transaction ID : b451a2a6-0e07-4f80-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	24.00
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 10.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : 270dbc5a-ee89-447c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	19.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2735 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 31.00	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : 2f2ff38d-e160-464f-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee James Kindstedt		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5510 Dogwood Dr		Amount 12.12	
City Winston Salem	State NC	Zip Code 27105	Transaction ID : a827252f-3c8a-4d21-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.12
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1510 Bailey St		Amount Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : da051c8c-31a8-4615-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	61.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2737 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Dorthy Meyer			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 11707 South African Street			Amount 70.00	
City Olathe	State KS	Zip Code 66062	Transaction ID : 86cbc37d-342c-45a0-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7214 Duchamp Dr			Amount 60.00	
City Charlotte	State NC	Zip Code 23215	Transaction ID : a79e7c48-c437-465f-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			130.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2738 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lorri Anderson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 7214 Duchamp Dr			Amount 7.20		
City Charlotte	State NC	Zip Code 23215	Transaction ID : 00dd4e27-8ce9-4378-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 9901 Floyd St			Amount 50.00		
City Overland Park	State KS	Zip Code 66212	Transaction ID : 22d6baba-b9a7-43db-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 256632.98			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			57.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Leona Martin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 9901 Floyd St			Amount 8.70	
City Overland Park	State KS	Zip Code 66212	Transaction ID : bf4c7ff5-d005-429a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Anselma A Trinidad		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7915 Curtina Ln		Amount 60.00	
City Lewisville	State NC	Zip Code 27023	Transaction ID : f3b4a7d0-e7a4-4064-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 27 Mesa St		Amount 30.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 0c61ea37-3e3f-4685-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 27 Mesa St		Amount 4.20	
City Kenner	State LA	Zip Code 70065	Transaction ID : 541d8838-4b17-41eb-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

Full Name of Payee Lisa A Hackett		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 137 S Palm ST		Amount 55.00	
City Winnabow	State NC	Zip Code 28479	Transaction ID : b12103fd-2934-46b0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2742 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lisa A Hackett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 137 S Palm ST			Amount 9.99	
City Winnabow	State NC	Zip Code 28479	Transaction ID : 1c749d40-9685-469c-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 900 Bramblegate Rd			Amount 50.00	
City Hope Mills	State NC	Zip Code 28348	Transaction ID : d9d5874e-2e31-4b20-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			59.99	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2743 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Dwayne C Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 900 Bramblegate Rd			Amount 9.87		
City Hope Mills		State NC	Zip Code 28348		Transaction ID : af9b98c1-5781-4809-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 5330 Nestleway Dr			Amount 60.00		
City Clemmons		State NC	Zip Code 27012		Transaction ID : 3ebbb8cfe-c226-46d0-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 1095839.94			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.87		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2744 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Toni A Persinger-Buckler			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5330 Nestleway Dr			Amount 4.50	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 57fa8728-0356-4e5f-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gabriela P Sosa			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2530 Brook Stone Dr			Amount 60.00	
City Clemmons	State NC	Zip Code 27012	Transaction ID : 19a46693-ef9b-42ad-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 995 Clairborne Rd		Amount 40.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : a98e8757-1f96-4700-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2746 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 995 Clairborne Rd			Amount 18.00	
City Calhoun		State LA	Zip Code 71225	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jackson S Tuttle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 404 Chancery Park Ct			Amount 70.00	
City Kernersville		State NC	Zip Code 27284	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2747 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 50.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 39cbb209-882c-4ca9-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 5.10	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 5d065359-7279-40af-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 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2748 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 105 South Dale St			Amount 80.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 61f4801a-9738-43fb-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary Johnson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 105 South Dale St			Amount 70.00	
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 43d9a76f-0f9e-4b38-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2749 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 50.00	
City Conway	State AR	Zip Code 72032	Transaction ID : 4e1a6a76-8752-4499-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Brenda L McCune		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1254 Fleming St Apt 6		Amount 26.70	
City Conway	State AR	Zip Code 72032	Transaction ID : acd006a0-ca22-42d1-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		76.70	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Marsha Barnell		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3847 SW Atwood Terrace		Amount 2.10	
City Topeka	State KS	Zip Code 66610	Transaction ID : 4d867b6f-9999-429f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: KS ☐ House ☒ Senate ☐ General
Calendar Year-To-Date Per Election for Office Sought	256632.98		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	29.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2751 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 199 Raven Circle			Amount 62.00	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : bdad478f-65e2-4f3d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alisha A Hauser			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 199 Raven Circle			Amount 20.55	
City Wilkesboro	State NC	Zip Code 28697	Transaction ID : 72111aaa-aad9-4216-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82.55	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2752 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 6108 Harkins Ave			Amount 75.00		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 8b7c74c0-f960-4dd4-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jon Lynch			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 6108 Harkins Ave			Amount 29.40		
City Little Rock		State AR	Zip Code 72210		Transaction ID : 6ee9cb73-b786-495a-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			104.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 605 W Houston St			Amount 90.00		
City Marshall	State TX	Zip Code 75633	Transaction ID : 87eba119-3a5a-4688-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 605 W Houston St			Amount 56.10		
City Marshall	State TX	Zip Code 75633	Transaction ID : 8dc43c97-466d-4d7a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	146.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Avery Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 11 Cooper Lane		Amount 15.30	
City Conway	State AR	Zip Code 72034	Transaction ID : 4cae69d7-2655-43fd-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2755 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 1434 South Avenue		Amount 100.00
City Eden	State NC	Zip Code 27288
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 820a2fdc-3a08-4aa9-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 1434 South Avenue		Amount 23.40
City Eden	State NC	Zip Code 27288
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 55d0e3af-ecf1-45d5-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	123.40
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2756 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3007 Darden Rd			Amount 70.00	
City Greensboro	State NC	Zip Code 27407	Transaction ID : b6008aa4-1c5f-4505-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3007 Darden Rd			Amount 40.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : ce1b626a-32bd-445e-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2757 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1510 W Pawnee Apt 2103			Amount 80.00	
City Wichita	State KS	Zip Code 67213	Transaction ID : 0bc1d567-0cfe-48c1-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Dianna R Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1510 W Pawnee Apt 2103			Amount 39.90	
City Wichita	State KS	Zip Code 67213	Transaction ID : 5f1b47de-4583-41e7-9	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			119.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Marilyn Galliardt		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 410 Wedgewood Ct		Amount 60.00	
City Hesston	State KS	Zip Code 67062	Transaction ID : 8dc87a95-d7a7-4244-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2759 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Marilyn Galliardt			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 410 Wedgewood Ct			Amount 43.50	
City Hesston	State KS	Zip Code 67062	Transaction ID : 9da77933-7f36-478d-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 70.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 6405a11b-5378-454c-a	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			113.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 41176 Bertville Rd			Amount 5.70		
City Gonzales	State LA	Zip Code 70737	Transaction ID : bb0accdb-581c-4fff-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	25.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2761 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Charity A Carr			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 13827 S E 44th St			Amount 45.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 590d7898-6edc-4c38-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 9425 Jessica Drive			Amount 60.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : bba18a68-f30b-4658-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2762 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 9425 Jessica Drive		Amount 14.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 2f34c4de-4294-4343-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☐ Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Noah J Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 41174 Bertville Rd		Amount 35.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 97a3c772-fd89-44e1-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☐ Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		49.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Ms. Tonya Boyd		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2357 Fancy Cap Rd		Amount 65.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 19a94ce1-7b29-447d-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2764 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ms. Tonya Boyd			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2357 Fancy Cap Rd			Amount 9.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : ad081aca-2b77-48f1-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 8822 Apple St			Amount 60.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 7fe3e478-3018-4b8d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			69.24	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 924 N. Prieur St		Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : e64ccce2-fc27-40ff-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	76.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jacob W Joosten		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1906 S Pine Apt B		Amount 40.00	
City Pittsburg	State KS	Zip Code 66762	Transaction ID : fd438c6b-db0f-4a4e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jacob W Joosten			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 1906 S Pine Apt B			Amount 3.90		
City Pittsburg	State KS	Zip Code 66762	Transaction ID : ee8b7bc3-3783-4504-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Karen Congema		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 813 Worthington Way		Amount 30.00	
City Wilmington	State NC	Zip Code 28411	Transaction ID : f77ca134-8848-4f65-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	33.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2768 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Karen Congema			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 813 Worthington Way			Amount 3.00	
City Wilmington		State NC	Zip Code 28411	
Purpose of Expenditure Mileage		Category/ Type	002 M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 448 Judson Dr			Amount 70.00	
City Wake Forest		State NC	Zip Code 27587	
Purpose of Expenditure Salary		Category/ Type	001 M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			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.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2769 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Krystal A Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 448 Judson Dr			Amount 8.10	
City Wake Forest	State NC	Zip Code 27587	Transaction ID : 401715e8-b32e-4bd5-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Logan B Piper			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3205 Pebble Beach Rd			Amount 88.00	
City Conway	State AR	Zip Code 72034	Transaction ID : e25a8773-e446-4aad-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2770 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 3205 Pebble Beach Rd		Amount 16.08	
City Conway	State AR	Zip Code 72034	Transaction ID : 2224e35b-bcab-4bf8-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lee R Carter		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 3110 Brentwood Rd		Amount 90.00	
City Raleigh	State NC	Zip Code 27604	Transaction ID : af2013e4-665f-42fe-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		106.08	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2771 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lee R Carter			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 3110 Brentwood Rd			Amount 16.20		
City Raleigh	State NC	Zip Code 27604	Transaction ID : a5eb28c1-ae50-4bcc-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 30.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : e8798eea-f266-42a2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2772 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1270 Lovelady Rd			Amount 4.50	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 0fa98473-be8f-4e36-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 101 Asbury Ct			Amount 75.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : f4f0e3be-4199-4b4a-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2773 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 75.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : a77c3add-926a-4d3f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin L Heitman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2520 Helmstetler Rd			Amount 4.80	
City Lexington	State NC	Zip Code 27295	Transaction ID : 7095827f-99af-4e16-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2774 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 108 East Clinton St PO Box 410		Amount 51.00		
City Salemberg	State NC	Zip Code 28385	Transaction ID : c0e7cc66-3cfb-4ef7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee James W Blevins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 108 East Clinton St PO Box 410		Amount 10.05		
City Salemberg	State NC	Zip Code 28385	Transaction ID : 760fea62-529c-4d00-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		61.05		
(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
Signature		MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Jennifer E Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4967 Dysartsville Rd		Amount 75.00	
City Morganton	State NC	Zip Code 28655	Transaction ID : ff0fbb90-629d-40c8-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2776 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4967 Dysartsville Rd			Amount 10.20	
City Morganton	State NC	Zip Code 28655	Transaction ID : dad8aa54-eb5f-4d83-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie D Moore			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1903 Swan Dr			Amount 100.00	
City Lenoir	State NC	Zip Code 28645	Transaction ID : ee75862f-d891-4eb1-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Zachary R McCleese		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 323 Rolling Pines Dr		Amount 40.00	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 1b193b25-5409-442d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2778 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary R McCleese			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 323 Rolling Pines Dr			Amount 23.10	
City Spring Lake	State NC	Zip Code 28390	Transaction ID : 07ae1ad2-fee2-4512-a Date of Disbursement or Obligation 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 827 Navavre Ave			Amount 50.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : d02a72db-7d2f-4d12-9 Date of Disbursement or Obligation 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.10	
(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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2779 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 827 Navavre Ave			Amount 4.05		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 75b3200d-9681-4429-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 7.50		
City Winchester	State VA	Zip Code 22601	Transaction ID : f11a595a-d997-48be-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			11.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2780 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 110 W Pecan St			Amount 65.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : f65e264c-a779-48bc-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 110 W Pecan St			Amount 23.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 64968025-8fd2-419c-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2781 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 60.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : ccc356bc-dec2-482d-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 7.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : 3d784cb0-95e7-45a2-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2782 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 915 East Market Ave			Amount 80.00	
City Searcy	State AR	Zip Code 72149	Transaction ID : 38defa1f-3cc6-44af-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua D Syrotchen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 915 East Market Ave			Amount 54.90	
City Searcy	State AR	Zip Code 72149	Transaction ID : 502aa1a9-67f2-433a-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2783 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1537 Country Lane			Amount 32.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : 67270747-ea2b-4ba7-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Matt Curran			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1537 Country Lane			Amount 12.00	
City Kernersville	State NC	Zip Code 27284	Transaction ID : f484c5b1-3b96-40d2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2784 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 70.80	
City Boomer	State NC	Zip Code 28606	Transaction ID : 7a69ac7c-2579-47b5-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sommer E Cox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1519 Walshtown Rd			Amount 9.00	
City Boomer	State NC	Zip Code 28606	Transaction ID : 7dd949f8-f9b0-400b-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2785 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 51.50	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 816bbd4c-7a2d-4133-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather N Montgomery			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 106 Wyncrest Ct			Amount 3.30	
City Hendersonville	State TN	Zip Code 37075	Transaction ID : 7d1ca665-cf08-4a31-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			54.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Kinsey E Beck		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 103 Glenhaven Ct		Amount 25.20	
City Harvest	State AL	Zip Code 35749	Transaction ID : 5e018bac-1d66-43ee-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2787 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 99999999 30.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 3174a27c-658d-4fb4-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999 298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Todd Ellis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address P.O. Box 712			Amount 99999999 95.00	
City Alexander	State AR	Zip Code 72002	Transaction ID : 299bca71-f692-484a-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		99999999 286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99999999 125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			99999999	
(c) TOTAL Independent Expenditures..... ▶			99999999	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2788 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Todd Ellis		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address P.O. Box 712		Amount 35.10
City Alexander	State AR	Zip Code 72002
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 33704e2e-977a-46ba-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 5003 Allison Lane		Amount 30.00
City Ft. Smith	State AR	Zip Code 72901
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 117cf896-a80c-4c06-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2789 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cecilia A Rebrick			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 5003 Allison Lane			Amount 0.60		
City Ft. Smith		State AR	Zip Code 72901		Transaction ID : da3b73c9-fece-465f-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 100.00		
City Shreveport		State LA	Zip Code 71101		Transaction ID : 3172c6c6-ad25-4ef3-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Ron K Lassiter		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3846 SW Wood Valley Dr		Amount 50.00	
City Topeka	State KS	Zip Code 66610	Transaction ID : a9211ed1-cf86-463e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2791 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ron K Lassiter			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3846 SW Wood Valley Dr			Amount 4.20	
City Topeka	State KS	Zip Code 66610	Transaction ID : cc06765c-bb5e-4faa-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joseph R Rys			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 160 #50 Pompano Dr			Amount 95.00	
City New Bern	State NC	Zip Code 28560	Transaction ID : d363f92a-a2d4-46e4-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 227 Lincoln Dr			Amount 60.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : eac089ce-46da-4694-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	75.45
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Brittany A Frederick		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 18793 Hilltop Ln		Amount 80.00	
City Nevada	State TX	Zip Code 75173	Transaction ID : 07baa47c-be6d-45d4-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Dylan J Sparks		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 915 East Market Ave		Amount 80.00	
City	State	Zip Code	Transaction ID : 44d59735-acbd-466c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Searcy	AR	72149	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	
		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1503 1360 1509"> <tr><td data-bbox="1122 1503 1360 1509">110.00</td></tr> </table>	110.00
110.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1122 1509 1360 1514"> <tr><td data-bbox="1122 1509 1360 1514"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1122 1514 1360 1522"> <tr><td data-bbox="1122 1514 1360 1522"></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2795 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Dylan J Sparks			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 915 East Market Ave			Amount 52.80	
City Searcy	State AR	Zip Code 72149	Transaction ID : a406f4fd-c892-4ac5-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 4106 Martha St			Amount 90.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : df3a9c85-f956-4f14-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			142.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2796 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4106 Martha St			Amount 8.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 56589c57-5f7b-4d14-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2565 Shire Circle			Amount 70.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : d15e5e83-8343-4d99-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2797 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 300 Evangeline St		Amount 90.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : 96c9e6fb-291d-42b9-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 300 Evangeline St		Amount 39.30	
City Monroe	State LA	Zip Code 71201	Transaction ID : 285cbc74-a970-47df-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	129.30
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2798 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 80.00	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 42a795c0-792a-4ad4-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Daniel M Qauckenbush		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 12062 NC 902 Hwy		Amount 30.60	
City Bear Creek	State NC	Zip Code 27207	Transaction ID : 57afa54f-0fef-47f2-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		110.60	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2799 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 85.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 8d36275d-36f8-4848-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 47.10	
City Picayune	State MS	Zip Code 39466	Transaction ID : e8862c2d-818f-4fa1-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			132.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2800 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address PO Box 398			Amount 50.00	
City Neosho	State MO	Zip Code 64850	Transaction ID : 1d62bace-00ae-4a9e-b	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Katie A Barros			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address PO Box 398			Amount 37.50	
City Neosho	State MO	Zip Code 64850	Transaction ID : 8b68c760-fcc5-4333-8	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2801 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 9685 Paula St			Amount 85.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : f7e2f67b-671d-464a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 9685 Paula St			Amount 40.80	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6ac607ed-2ad9-4d62-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			125.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2802 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5724 SW Arrowhead Ct			Amount 35.00	
City Topeka	State KS	Zip Code 66614	Transaction ID : b6623f59-6d0e-4bef-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary D Meens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5724 SW Arrowhead Ct			Amount 1.20	
City Topeka	State KS	Zip Code 66614	Transaction ID : fe824f76-d239-4b10-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 282 Falls Ave			Amount 4.50		
City Granite Falls	State NC	Zip Code 28630	Transaction ID : ae20a7dc-5bd7-413e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	➤	24.50
(b) SUBTOTAL of Unitemized Independent Expenditures	➤	
(c) TOTAL Independent Expenditures.....	➤	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2804 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 30.00	
City Lexington	State NC	Zip Code 27295	Transaction ID : 6c56fd72-487b-434d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ashley n Thompson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 272 Westgate Ct Apt 6			Amount 7.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 1a5f3c90-e83b-45b7-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 12920 Kneeland Ln		Amount 33.60	
City Neosho	State MO	Zip Code 64850	Transaction ID : 5be160b4-aa7d-4761-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Randy G Lookabill		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 200 Carawood Lane		Amount Amount 31.50	
City Lexington	State NC	Zip Code 27295	Transaction ID : 4155b070-9f3e-4bfc-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other
District: 00 State: NC		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Amount 1095839.94	

(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.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7144 South River Rd		Amount 6.60	
City	State	Zip Code	Transaction ID : 5ab352f2-905b-4a5c-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Addis	LA	70710	
Purpose of Expenditure Mileage		Category/ Type	002
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
		298625.67	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Mary R Kirkland		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 504 Green Meadow Dr		Amount 50.00	
City Boyd	State TX	Zip Code 76023	Transaction ID : 5e044836-d042-4590-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2506 Bolch Street		Amount Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 078affa-6827-4424-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) ▶ _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ 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.

Date _____

Signature

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 205 Medallion Circle		Amount 50.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : a90784de-d1e8-4373-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶ _____	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67		
Disbursement For:		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2810 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 205 Medallion Circle			Amount 12.30		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 16f86b98-aa06-4050-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 3300 Asher Ave			Amount 80.00		
City Little Rock	State AR	Zip Code 72204	Transaction ID : 1f167a67-300a-46b1-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2811 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Kevin L Battle			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 3300 Asher Ave			Amount 33.00	
City Little Rock	State AR	Zip Code 72204	Transaction ID : 6ead774c-8f06-4c5d-a Date of Disbursement or Obligation 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Debra Lindsey			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 119 Goldenwood Dr			Amount 30.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 6acbbbdd-b983-4020-a Date of Disbursement or Obligation 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

Full Name of Payee Suzanna M Bradley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1002 W Spring St		Amount 45.00	
City Collinsville	State OK	Zip Code 74021	Transaction ID : 49c025fb-52cd-42ea-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: AR
Calendar Year-To-Date Per Election for Office Sought	286951.71		Disbursement For: ☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	49.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2813 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Suzanna M Bradley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 1002 W Spring St		Amount 42.00		
City Collinsville	State OK	Zip Code 74021	Transaction ID : 615500af-09a1-4f07-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 6101 NORA ST		Amount 55.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : b74b5bc8-ec59-489a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		97.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2814 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 6101 NORA ST			Amount 0.60	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 106 Hillside St			Amount 82.50	
City Spindale		State NC	Zip Code 28160	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2815 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee David Ford			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 106 Hillside St			Amount 39.69	
City Spindale	State NC	Zip Code 28160	Transaction ID : 865630a8-4b07-4f9f-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 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary W Jackson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 3513 Elizabeth St			Amount 45.00	
City Choctaw	State OK	Zip Code 73020	Transaction ID : 00331105-6a2a-4eb4-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.69	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2816 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 111 Westchester Blvd Apt D4			Amount 50.00	
City Slidell		State LA	Zip Code 70458	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 9109c65e-44df-4261-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 3bb1acbc-7392-4ebd-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67 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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2817 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 24.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 6b5bcb36-f531-4a78-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 29637 Park St			Amount 25.00	
City Walker	State LA	Zip Code 70785	Transaction ID : c54022ad-9383-4ac0-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2818 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 29637 Park St			Amount 3.30		
City Walker	State LA	Zip Code 70785	Transaction ID : 27c59a6d-e41e-4a8a-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Robert B Johnson			Date of Public Distribution/Dissemination 11 / 04 / 2014		
Mailing Address 804 Worthington Way			Amount 40.00		
City Wilmington	State NC	Zip Code 28411	Transaction ID : cc1e194b-fe44-4920-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			43.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2819 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 629 Radiance Ave			Amount 45.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : c979eb2b-b2a5-4901-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 629 Radiance Ave			Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 14bd5cb6-e1f3-4a01-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			50.40	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Xavier Miller		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 407 randall Dr		Amount 30.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 510c7aa6-09fa-4507-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ 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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2821 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 40.00		
City Neosho		State MO	Zip Code 64850		Transaction ID : 6072afc6-1401-489d-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lauren N Hamel			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 37.50		
City Neosho		State MO	Zip Code 64850		Transaction ID : fdd934ed-50f7-49c8-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought			286951.71 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2822 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Chris McCoy		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1025 Cayley Ct		Amount 85.00	
City High Point	State NC	Zip Code 27260	Transaction ID : 3efc01ce-bc4d-4619-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Benjamin J Crosser		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address PO Box 398		Amount 40.00	
City Neosho	State AR	Zip Code 64850	Transaction ID : 567b9317-3e9e-4ce1-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		125.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]			

Full Name of Payee Benjamin J Crosser			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address PO Box 398			Amount 36.00		
City Neosho	State AR	Zip Code 64850	Transaction ID : a29905eb-3c8e-4da8-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____			
			District: 00 State: AR		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2824 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1025 Cayley Ct			Amount 87.50	
City High Point	State NC	Zip Code 27260	Transaction ID : 1f25a957-8658-4b2d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1025 Cayley Ct			Amount 25.80	
City High Point	State NC	Zip Code 27260	Transaction ID : d34af19e-c012-44d9-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			113.30	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Eleanor McCoy		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 4902 Catawba Dr		Amount 28.20	
City Greensboro	State NC	Zip Code 27407	Transaction ID : 6961c492-e0ea-4fef-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	113.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 147 Possum Trot Rd		Amount 12.60	
City Bakersville	State NC	Zip Code 28705	Transaction ID : 848521d4-2ae3-436a-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2827 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 804 Roundabout Circle			Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 0bf3eede-90c5-4ee0-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 5416 S Santa Fe Street			Amount 90.00	
City Wichita	State KS	Zip Code 67216	Transaction ID : 7853ea79-6552-45f5-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2828 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jordyn Kilbury			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 5416 S Santa Fe Street			Amount 15.30		
City Wichita		State KS	Zip Code 67216		Transaction ID : d7ad847c-9278-4446-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought			256632.98 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Caleb Craig			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 1410 Bushville drive			Amount 120.00		
City Lenoir		State NC	Zip Code 28645		Transaction ID : 18bf7fc6-0b6d-444a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Kay Hagan			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought			1095839.94 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			135.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2829 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Caleb Craig		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 1410 Bushville drive		Amount 25.80	
City Lenoir	State NC	Zip Code 28645	Transaction ID : eebb04a2-031a-4951-9
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 96127c86-4955-4da8-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 256632.98		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		115.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 100 ASBURY CT			Amount 90.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 4ff2d10e-ffd0-45d1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: KS Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		256632.98			

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury Ct		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : e9a04aaf-91e3-4469-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(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.

Date _____

Signature

Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 90.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 658e9e6c-95a4-48ac-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Greg Orman	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: KS
Calendar Year-To-Date Per Election for Office Sought	256632.98		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(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.

Signature

Full Name of Payee Ralph Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 2090 Fancy Gap Rd		Amount 65.00	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 2b3ee288-9eb8-4e26-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2833 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Ralph Smith			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 2090 Fancy Gap Rd			Amount 9.24	
City Mt. Airy	State NC	Zip Code 27030	Transaction ID : 028f94c0-257a-4986-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Brieshauna M Stevens			Date of Public Distribution/Dissemination 11 / 04 / 2014	
Mailing Address 1703 Torrey Pines Ct			Amount 30.00	
City Reston	State VA	Zip Code 20190	Transaction ID : 728c89f1-ac07-4312-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39.24	
(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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2834 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3654 Tara St			Amount 60.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 031a1bd1-b1a3-494a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3654 Tara St			Amount 36.00	
City springdale	State AR	Zip Code 72762	Transaction ID : 55b2a08a-a662-4667-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought		286951.71	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Jonathan M Harris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 3654 Tara St		Amount 7.20	
City Springdale	State AR	Zip Code 72762	Transaction ID : 0b1897d6-2077-493d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2836 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7 Bards Lane			Amount 80.00	
City Fletcher	State NC	Zip Code 28732	Transaction ID : e7427ea8-4dcb-4836-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee John P Hilkert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 7 Bards Lane			Amount 16.20	
City Fletcher	State NC	Zip Code 28732	Transaction ID : 12239996-da93-4dcf-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			96.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2837 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 633 Scott Dr		Amount 110.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : d54a3346-8579-4e9c-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah K Smith		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 633 Scott Dr		Amount 21.30	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 4a732465-51c2-43d6-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		131.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2838 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 633 Scott Dr			Amount 110.00	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : dae6457f-7501-412b-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaylan N Swanson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 633 Scott Dr			Amount 21.30	
City Gibsonville	State NC	Zip Code 27249	Transaction ID : 269b8384-f605-4d12-a	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			131.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2839 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 915 East Market Ave Apt 4		Amount 100.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : b6e635e2-0e86-4dfd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Joseph R English		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014
Mailing Address 915 East Market Ave Apt 4		Amount 51.00
City Searcy	State AR	Zip Code 72143
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 61784bfa-62a0-43ff-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 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 286951.71		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	151.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2840 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 121 Ohara Dr			Amount 105.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : af987004-767e-4ae6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 121 Ohara Dr			Amount 176.70		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 087f8cb1-0416-4b76-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Kay Hagan ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			281.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 135.00		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : 52097490-e1a7-4765-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2842 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Staci J Ingram			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 2 Crest Knolls Dr Apt 16B			Amount 86.57		
City Taylorsville	State NC	Zip Code 28681	Transaction ID : f4b38a80-43e4-404c-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Aleksandra B Padua			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Mailing Address 110 Bridge gate Dr			Amount 47.50		
City Cary	State NC	Zip Code 27519	Transaction ID : fcf96b85-3314-47a8-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			134.07		
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

Full Name of Payee Laurel Littler		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 145 Bradford Circle		Amount 30.00	
City Clayton	State NC	Zip Code 27527	Transaction ID : 325c92ae-d294-4ede-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: NC
Calendar Year-To-Date Per Election for Office Sought	1095839.94		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.68
(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.

Date _____

Signature

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1731 Frenchmen St		Amount 90.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : d001ba1c-b7bc-4e9b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Carol L Walters		Date of Public Distribution/Dissemination 11 04 2014	
Mailing Address 1900 Glen West Way		Amount 22.20	
City Fort Smith	State AR	Zip Code 72916	Transaction ID : 5ac19771-83bd-42b1-a Date of Disbursement or Obligation 11 04 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
District: 00 State: AR		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		286951.71	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2846 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 04 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 40.00	
City Raleigh	State NC	Zip Code 27606	Transaction ID : 2beeb996-ba3c-4942-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Paulette M Carrieri			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 04 / 2014	
Mailing Address 4805 TuPenny Lane			Amount 7.50	
City Raleigh	State NC	Zip Code 27606	Transaction ID : c66e4935-86cd-4e32-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 04 / 2014	
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2847 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1211 Treaty Rd			Amount 50.00	
City Delphos	State KS	Zip Code 67436	Transaction ID : 952f5dc7-dbe4-4fc8-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee LaVonna A Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1211 Treaty Rd			Amount 22.50	
City Delphos	State KS	Zip Code 67436	Transaction ID : fd11470a-ad16-4b1e-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			72.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2848 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5521 Randolph St.			Amount 45.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : ef35407a-cc9a-4512-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 5521 Randolph St.			Amount 6.60	
City Marrero	State LA	Zip Code 70072	Transaction ID : 123220e6-a0b4-4434-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			51.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2849 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sherry D Cranor			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 815 Lulu			Amount 145.00	
City Augusta	State KS	Zip Code 67010	Transaction ID : 480848ce-eb92-4a23-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sherry D Cranor			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 815 Lulu			Amount 34.20	
City Augusta	State KS	Zip Code 67010	Transaction ID : bbc79189-a40e-43b9-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			179.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 110 W Pecan St			Amount 55.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : fa6fdbbe8-ee8b-4f6b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2851 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 110 W Pecan St		Amount 28.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3655fdcf-17c4-442b-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 924 N. Prieur St		Amount 40.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 85938227-7874-48d5-8
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
(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 Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2852 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 924 N. Prieur St			Amount 12.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : d5cc5049-9706-4603-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 8822 Apple St			Amount 40.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : 55c516c6-5084-49f1-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2853 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 4621df31-66ba-418b-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 79bdaf6c-a422-4d62-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			42.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2854 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 7.80		
City Marrero	State LA	Zip Code 70072	Transaction ID : b479339a-2564-47fb-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 7650 Fallswood Way			Amount 30.00		
City Lorton	State VA	Zip Code 22079	Transaction ID : 12d179ba-61c9-49c0-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2855 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 2046 Perrin St Apt C		Amount 60.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : 4db464a0-9f2f-4e2c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 2046 Perrin St Apt C		Amount 6.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : e41a0c80-ccb5-41ac-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		66.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 300 Evangeline St		Amount 60.00	
City Monroe	State LA	Zip Code 71201	Transaction ID : aace6783-6625-4dba-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Brandy Starns			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 300 Evangeline St			Amount 6.60		
City Monroe	State LA	Zip Code 71201	Transaction ID : 4b61699b-6d1c-49ad-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 29637 Park St		Amount 4.50	
City Walker	State LA	Zip Code 70785	Transaction ID : caebdf6-e49b-42fb-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 220 Doucet Rd		Amount 0.72	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 65972c6e-8af5-4fe6-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2859 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 250 JS Brewton rd			Amount 30.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : f1c1fd51-3184-4a7d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 250 JS Brewton rd			Amount 3.60	
City goldonna	State LA	Zip Code 71031	Transaction ID : 9fbf05dd-cf14-43b9-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2860 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 50.00
City Monroe	State LA	Zip Code 71212
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 9d567151-6bd7-4bd1-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 9.30
City Monroe	State LA	Zip Code 71212
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : ea7f0083-7f3a-49dd-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59.30
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2861 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : bdb1761b-863d-4725-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 2506 Bolch Street			Amount 82.50	
City Shreveport	State LA	Zip Code 71104	Transaction ID : d55f7e32-05d7-46e7-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			162.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 4880de6f-10cf-4a36-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 205 Medallion Circle		Amount 64.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 0878ca20-5160-41f9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	144.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 4106 Martha St		Amount 6.30	
City Shreveport	State LA	Zip Code 71109	Transaction ID : f74c910c-2bff-4bcc-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2864 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 2565 Shire Circle			Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : c4a2ffa7-e471-4596-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 25.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 8937c757-e10e-4c17-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 6412 Osage Dr			Amount 70.00		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 1a5f236d-0d76-40da-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014		
Mailing Address 6412 Osage Dr			Amount 19.47		
City North Little rock	State AR	Zip Code 72116	Transaction ID : 670ec3d7-ac47-4cf3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Mr. Mark L Pryor		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought		286951.71	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.47
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2866 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 7144 South River Rd			Amount 70.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 6d19dbe4-45a7-4026-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 7144 South River Rd			Amount 14.70		
City Addis		State LA	Zip Code 70710		Transaction ID : 4dbbd847-3101-4153-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 05 / 2014	
Mailing Address 1103 West Wilson Street		Amount 29.40	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 4a7d16f9-c034-4dc6-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 05 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2868 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2121 Daniel Dr			Amount 40.00	
City Searcy	State AR	Zip Code 72143	Transaction ID : 3fcd4b52-9988-4df8-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kaitlyn B Allen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 2121 Daniel Dr			Amount 73.14	
City Searcy	State AR	Zip Code 72143	Transaction ID : ec5bc9b4-4913-4618-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.14	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2869 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 543 S 2nd St			Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : e03dd8bd-d9a8-434e-8	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 543 S 2nd St			Amount 7.80	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 572e795f-b87a-41bb-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 100 Asbury Ct			Amount 40.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : e8226066-5ed0-4857-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 05 / 2014		
Mailing Address 100 ASBURY CT			Amount 40.00		
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 0f94d5c0-84d5-49d0-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 05 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2871 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 100 Asbury Ct			Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 35c57620-3ea9-4aab-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 100 Asbury Ct			Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 79fedd00-8216-4f9c-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2872 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 9116394c-3e68-49dd-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 100 Asbury Ct		Amount 40.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : eb05f4ad-8dc8-43f7-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		298625.67	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]	
Signature		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2873 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 1110 N Coolidge			Amount 35.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : f2fe2fa3-6d9f-4bc6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Mailing Address 1110 N Coolidge			Amount 12.06	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9c522f20-5df7-400f-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 05 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.06	
(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 _____ Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2874 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 35.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : bb40090f-dce0-4619-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 12.06	
City Gonzales	State LA	Zip Code 70737	Transaction ID : b19dfc9f-464d-4258-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.06	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014	
Mailing Address 1731 Frenchmen St		Amount 60.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : ebb76067-ae8d-40fa-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 05 / 2014		
Mailing Address 1731 Frenchmen St			Amount 20.10		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 7c06f753-b288-4ccc-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 05 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ 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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2876 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1001 N Prospect			Amount 20.00	
City Liberal	State KS	Zip Code 67901	Transaction ID : 1301b145-cfb5-4ab0-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corban L Barnett			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 1001 N Prospect			Amount 1.50	
City Liberal	State KS	Zip Code 67901	Transaction ID : 96c9299a-5050-4c87-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014	
Name of Federal Candidate Mr. Greg Orman		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>KS</u>	
Calendar Year-To-Date Per Election for Office Sought		256632.98	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			21.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2877 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Amelia Brackett			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Mailing Address 804 Roundabout Circle			Amount 110.00		
City Searcy	State AR	Zip Code 72143	Transaction ID : 173e6023-4ae7-4cb2-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Mr. Mark L Pryor			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 286951.71			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 995 Clairborne Rd			Amount 45.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 27f19e6c-cce9-4563-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 9ccc9e18-fa12-4a2d-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	49.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Carla K Pilgreen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 212 Stonecliff Dr		Amount 60.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 4bbe97a4-c9ee-42af-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2880 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 8.43	
City West Monro	State LA	Zip Code 71291	Transaction ID : 2f7253c4-c628-4d19-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 40.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 859c29c4-00af-4653-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			48.43	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2881 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 3.60		
City Mandeville		State LA	Zip Code 70471		Transaction ID : bd7f82ec-cd2b-45df-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 924 N. Prieur St			Amount 50.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 6aa9a7a8-1869-4136-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			53.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2882 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 924 N. Prieur St		Amount 12.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2956860b-d1ed-43a8-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 8822 Apple St		Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 74dc3bd1-4c13-4d8f-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		62.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2883 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : d4d356bc-9080-4aa3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 8822 Apple St			Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 74ed2e33-4801-4008-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			62.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014
Signature				

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 8822 Apple St		Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : a7e1799d-a646-4dea-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 827 Navavre Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 9b8a4816-cadd-4963-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1650 1359 1656"> <tr> <td data-bbox="1120 1650 1359 1656">52.00</td></tr> </table>	52.00
52.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1120 1656 1359 1661"> <tr> <td data-bbox="1120 1656 1359 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1120 1661 1359 1669"> <tr> <td data-bbox="1120 1661 1359 1669"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 827 Navavre Ave		Amount 3.30	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 27209f3d-0c4c-4ffa-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : d453c4e4-5681-459b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	83.30
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 9425 Jessica Drive		Amount Amount 47.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 12c6aa6a-f4d8-40f0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought Amount 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2888 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination / / 11 / 06 / 2014		
Mailing Address 9425 Jessica Drive			Amount 9.30		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 30f69be4-4f3b-4118-8 Date of Disbursement or Obligation / / 11 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination / / 11 / 06 / 2014		
Mailing Address 1110 N Coolidge			Amount 55.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 8b43b7e7-57ee-4713-b Date of Disbursement or Obligation / / 11 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 64.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2889 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014
Mailing Address 1110 N Coolidge		Amount 4.86
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 19482d93-91d7-45d7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 50.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a1f3ea2b-4cc9-4a3f-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2890 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 4.86	
City Gonzales	State LA	Zip Code 70737	Transaction ID : d0027db4-240f-49eb-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 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : b875d1b5-bf79-4803-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.86	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2891 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y			
Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 10.80	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 102c9b8c-4c56-4e62-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 250 JS Brewton rd		Amount 30.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : d678a30c-ae74-4d22-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Name of Federal Candidate Ms. Kay Hagan		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1095839.94	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		40.80	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014		
Mailing Address 6101 NORA ST			Amount 50.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : f8b6a738-f8f6-4756-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	53.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 4bf38135-531e-4c22-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2894 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 227 Lincoln Dr			Amount 8.61		
City Bossier City	State LA	Zip Code 71111	Transaction ID : c861f2c7-bd49-4391-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 7144 South River Rd			Amount 30.00		
City Addis	State LA	Zip Code 70710	Transaction ID : 434419ac-7764-41aa-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			38.61		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 629 Radiance Ave		Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1381c873-0e92-4915-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2896 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 629 Radiance Ave			Amount 10.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : bf23d57d-9b6b-495b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : b9c1c189-c21d-418e-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2897 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 33.60	
City New Orleans	State LA	Zip Code 70126	Transaction ID : e58b530b-9c7b-450e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 2565 Shire Circle			Amount 45.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 0416f863-0be5-46e1-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			78.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 29637 Park St		Amount 65.00	
City Walker	State LA	Zip Code 70785	Transaction ID : fe9546d9-7361-4f70-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	95.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature _____

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 29637 Park St		Amount 15.00	
City Walker	State LA	Zip Code 70785	Transaction ID : e6f3d4c1-5114-4d01-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

Full Name of Payee Timothy Foley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 20679 Glenbrook Terrace		Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : 189294b6-54ef-4339-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 543 S 2nd St		Amount 80.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 2be0a258-e0b1-411a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶		140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶		
(c) TOTAL Independent Expenditures.....	▶		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Kelly Dolan		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 543 S 2nd St		Amount 6.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : 3e3a9ff7-d4ac-4f3f-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2014	
Mailing Address 827 Navavre Ave		Amount 40.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 29c13023-0f1b-4f2e-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2902 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Mailing Address 827 Navavre Ave		Amount 3.60	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 0868310c-b923-46f7-8
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 211 Dixie Ave		Amount 35.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : a8d2fb72-c332-4272-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		38.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 995 Clairborne Rd			Amount 37.00		
City Calhoun	State LA	Zip Code 71225	Transaction ID : 54f4d092-86c0-4584-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 995 Clairborne Rd		Amount 11.10	
City Calhoun	State LA	Zip Code 71225	Transaction ID : e6ad6bed-2bd1-4302-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ 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.

Date _____

Signature

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 605 W Houston St		Amount 50.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 1802d861-0520-43f3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 605 W Houston St		Amount 40.20	
City Marshall	State TX	Zip Code 75633	Transaction ID : c519f100-74f5-455b-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	☐ President ☐ Other (specify) ▶ _____		Disbursement For: ☐ Primary ☒ General 2014

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2905 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 2565 Shire Circle			Amount 55.00		
City State Zip Code Harrisonburg VA 22801		Transaction ID : 4b424736-23e8-4051-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 4456 Country Hill Dr			Amount 10.00		
City State Zip Code Baton Rouge LA 70816		Transaction ID : 5d65a53a-2098-4ae9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2906 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 8.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 43cfbf3c-4ec3-4089-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 2192df3c-db3a-4225-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		78.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2907 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans		State LA	Zip Code 70116		Transaction ID : 796cda1f-7912-4a45-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 8822 Apple St			Amount 30.00		
City New Orleans		State LA	Zip Code 70188		Transaction ID : b5ac24ea-2eaf-4747-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		
Office Sought: ☐ President ☒ Senate			District: <u>00</u> State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			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]		
Signature			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 8822 Apple St			Amount 7.50		
City New Orleans	State LA	Zip Code 70188	Transaction ID : ed7d6f72-28bc-4e9b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 827 Navavre Ave		Amount 30.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : f2864a16-0d6d-4bd8-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	37.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2909 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 827 Navavre Ave			Amount 4.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : d8f4e9f8-09f1-4b55-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 70.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : eb448f9f-e3ab-4edc-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		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 MM / DD / YYYY 11 / 24 / 2014
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2910 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 43.80	
City Picayune	State MS	Zip Code 39466	Transaction ID : 08633f47-3344-4f1b-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 9425 Jessica Drive		Amount 65.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 17bfaeac-8e84-4e94-b
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		108.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2911 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 9425 Jessica Drive			Amount 10.20		
City Shreveport	State LA	Zip Code 71106	Transaction ID : ff46ae2b-f253-4e75-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 220 Doucet Rd			Amount 60.00		
City Lafayette	State LA	Zip Code 70503	Transaction ID : d2dcae06-d8ea-442f-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			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.					
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2912 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 220 Doucet Rd			Amount 3.15	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 6c2d5096-e642-4463-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 202 Violet St			Amount 35.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 0de27ec7-0c58-42a3-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 6101 NORA ST		Amount 60.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 24a13de7-721a-4812-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.75
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2914 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Mileage			Category/Type 002	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport		State LA	Zip Code 71109	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 772e4a99-5828-479a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		88.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014		
Mailing Address 4106 Martha St			Amount 8.10		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 8af74281-9af4-46cf-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 70.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : cb0527b7-1902-4e20-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2917 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 12.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 57b9429f-2bbc-4a49-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Billy Martin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 250 JS Brewton rd			Amount 60.00	
City goldonna	State LA	Zip Code 71031	Transaction ID : 2f079117-9406-4a06-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			72.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 250 JS Brewton rd		Amount 5.40	
City goldonna	State LA	Zip Code 71031	Transaction ID : 839b4e0d-22a9-481f-8
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 22369 Ponderosa Dr.		Amount 30.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 768cb803-5f74-4582-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2919 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 6.30	
City Mandeville		State LA	Zip Code 70471	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2920 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 33.00	
City New Orleans	State LA	Zip Code 70126	Transaction ID : 6e5b6215-ee4d-41fb-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 227 Lincoln Dr			Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : f17f6faf-8281-4709-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2921 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 227 Lincoln Dr			Amount 19.17	
City Bossier City	State LA	Zip Code 71111	Transaction ID : ac7e1b47-475a-4845-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1e0eaa82-0c74-40ab-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.17	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2922 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 629 Radiance Ave		Amount 9.90	
City Metairie	State LA	Zip Code 70001	Transaction ID : 28f6ecb4-dcbf-4145-b
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 1110 N Coolidge		Amount 62.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 0e632478-5873-44ad-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: District: 00 State: LA		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought 298625.67			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		72.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date MM / DD / YYYY 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2923 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 1110 N Coolidge			Amount 9.24	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c5c0a6bf-b952-4230-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 62.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9dc2c2c5-d9a7-4603-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.74	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2924 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 9.24		
City Gonzales	State LA	Zip Code 70737	Transaction ID : dff3929b-964e-442a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Mailing Address 180 McNeil Steep Hollow Rd			Amount 75.00		
City Carriere	State MS	Zip Code 39426	Transaction ID : 8252e2e0-2bd8-4b24-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 07 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.24		
(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.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 6041.25	
City Washington	State DC	Zip Code 20015	Transaction ID : 4f9fa495-130f-408d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014
Purpose of Expenditure Doorhangers	Category/ Type 004		
Name of Federal Candidate William Cassidy	☒ Support ☐ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	17040.84	Disbursement For: ☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	6078.15
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2926 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name of Payee Pound, Feinstein & Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 5614 Connecticut Ave, NW Ste 270		Amount 6041.25	
City Washington	State DC	Zip Code 20015	Transaction ID : b27ae504-7bb1-4bf6-8 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2014
Purpose of Expenditure Doorhangers		Category/Type 004	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee The Lukens Company		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 06 / 2014	
Mailing Address 2800 Shirlington Road 9th Floor		Amount 6010.22	
City Arlington	State VA	Zip Code 22206	Transaction ID : 8c356466-e8cc-4d94-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 06 / 2014
Purpose of Expenditure Mailer		Category/Type 004	
Name of Federal Candidate William Cassidy		Office Sought: ☒ Support ☐ Oppose ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 17040.84		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		12051.47	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Ms. Emily Buchanan</i>		Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
<i>[Electronically Filed]</i>			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 2800 Shirlington Road 9th Floor			Amount 6010.22		
City Arlington		State VA	Zip Code 22206		Transaction ID : 35692003-a0a4-4b61-b
Purpose of Expenditure Mailer		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Morgan Meredith and Associates Originally reported for \$1894.25, correcting total to match final billed			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014		
Mailing Address 22780 Indian Creek Drive			Amount 1923.18		
City Dulles		State VA	Zip Code 20166		Transaction ID : b35963d7-c263-4f8a-b
Purpose of Expenditure Mailings		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 06 / 2014	
Name of Federal Candidate William Cassidy			☒ Support ☐ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 17040.84			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7933.40		
(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 <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2928 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Morgan Meredith and Associates Originally reported for \$1894.25, correcting total to match final billed			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014		
Mailing Address 22780 Indian Creek Drive			Amount 1923.18		
City Dulles		State VA	Zip Code 20166		Transaction ID : cef29edc-982d-4cf7-b
Purpose of Expenditure Mailings		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Integram			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014		
Mailing Address 22695 Commerce Center Court			Amount 3066.19		
City Dulles		State VA	Zip Code 20166		Transaction ID : 1244b7cb-b889-4faf-8
Purpose of Expenditure Mailings		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate William Cassidy			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 17040.84			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			4989.37		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2929 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Integram			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 06 / 2014	
Mailing Address 22695 Commerce Center Court			Amount 3066.19	
City Dulles	State VA	Zip Code 20166	Transaction ID : 2b7e4d9c-0a3f-49fa-8	
Purpose of Expenditure Mailings		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 06 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 29637 Park St			Amount 32.50	
City Walker	State LA	Zip Code 70785	Transaction ID : 75ca358c-be3f-42cd-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3098.69	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2930 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 29637 Park St			Amount 14.40	
City Walker	State LA	Zip Code 70785	Transaction ID : aa69f5de-fbbc-4124-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014	
Mailing Address 29637 Park St			Amount 32.50	
City Walker	State LA	Zip Code 70785	Transaction ID : b9ba07d7-5fa3-466b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2931 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Ryan Drake		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 07 / 2014
Mailing Address 29637 Park St		Amount 14.40
City Walker	State LA	Zip Code 70785
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 774d43f6-0a6c-49e3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 07 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014
Mailing Address Split Oak Drive		Amount 62.50
City charlotte	State NC	Zip Code 28227
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 7e515753-644c-4bbc-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	76.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2932 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address Split Oak Drive			Amount 19.59	
City charlotte	State NC	Zip Code 28227	Transaction ID : 088978c1-7ff8-484a-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 126 Lincoln Way Lot 1			Amount 45.00	
City Longview	State TX	Zip Code 75603	Transaction ID : 4fab9ed7-4240-43f6-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			64.59	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2933 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Leslie A Sowell			Date of Public Distribution/Dissemination / / 11 / 08 / 2014		
Mailing Address 126 Lincoln Way Lot 1			Amount 53.70		
City State Zip Code Longview TX 75603		Transaction ID : eca6ecee-b762-43b1-8 Date of Disbursement or Obligation / / 11 / 08 / 2014			
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination / / 11 / 08 / 2014		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 40.00		
City State Zip Code West Monroe LA 71291		Transaction ID : 85f7d038-4705-45fc-9 Date of Disbursement or Obligation / / 11 / 08 / 2014			
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 93.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			[Electronically Filed] Date / / 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2934 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Janet Morris			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 620 Old Barbome Rd Lot 2			Amount 6.98		
City West Monroe	State LA	Zip Code 71291	Transaction ID : eb9e63f1-9c37-445d-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 202 Violet St			Amount 30.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : a04ca3a1-8169-405e-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.98		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2935 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 202 Violet St			Amount 2.40	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4dd1f346-4465-4b77-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 16.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 61e93f73-b44d-4e2f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2936 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014
Mailing Address 3738 Woodland Ridge Blvd		Amount 16.70
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 19f32c4d-0051-4056-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014
Mailing Address 3738 Woodland Ridge Blvd		Amount 3.30
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 9af06b87-ad9b-4399-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	20.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2937 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tabitha M Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 16.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 192fa1b2-5c2f-4196-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 16.70	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 98348bec-3ec8-40d4-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			33.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2938 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /				
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination / / 11 / 08 / 2014	
Mailing Address 4177 Lowerline St			Amount 15.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : eb04c116-0bf9-41c0-b Date of Disbursement or Obligation / / 11 / 08 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Sandra C Montalbano			Date of Public Distribution/Dissemination / / 11 / 08 / 2014	
Mailing Address 4177 Lowerline St			Amount 0.90	
City Slidell	State LA	Zip Code 70461	Transaction ID : a2243663-f800-47b8-a Date of Disbursement or Obligation / / 11 / 08 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 15.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2939 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9425 Jessica Drive			Amount 98.30	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 09608c25-6a8a-4e39-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9425 Jessica Drive			Amount 10.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 66f8169a-7b0e-4a4d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 2305 Cleary Ave			Amount 10.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 756f845f-3ffd-4e89-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 2305 Cleary Ave			Amount 1.20		
City Metairie	State LA	Zip Code 70001	Transaction ID : 72e8b5f0-49ea-437b-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	11.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.06	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 157c5dd4-8e9a-4779-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	18.06
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2942 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 30.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 30a0019c-5370-4639-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 6.60	
City Mandeville	State LA	Zip Code 70471	Transaction ID : ed3fc950-9cf8-4c73-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2943 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 5521 Randolph St.			Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 78cb5f4e-22b9-41e6-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 5521 Randolph St.			Amount 2.10	
City Marrero	State LA	Zip Code 70072	Transaction ID : 7eb400e2-b1f4-49d2-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 4106 Martha St			Amount 90.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 4a10fe0a-3442-4478-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 4106 Martha St			Amount 9.60		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 451e3ced-505f-43f7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2945 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 6101 NORA ST		Amount 70.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 83d415db-9b4f-46f3-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 6101 NORA ST		Amount 1.50		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : db73d3a1-1857-4e4a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		71.50		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2946 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 08 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 7168cf58-7900-4dac-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYYYY 11 / 08 / 2014	
Mailing Address 9685 Paula St			Amount 21.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 980aad89-5008-4cb8-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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		[Electronically Filed]	Date MM / DD / YYYYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2947 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 205 Medallion Circle			Amount 60.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 652927a0-7561-4b63-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Mailing Address 205 Medallion Circle			Amount 55.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 51f94b0b-935b-4958-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(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			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2948 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 2506 Bolch Street			Amount 60.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 01576900-a9e3-4378-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 2506 Bolch Street			Amount 15.60	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5cdf1e71-23e3-43ef-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 2cf483a1-f476-4d3a-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 08 / 2014	
Mailing Address 9685 Paula St		Amount 20.40	
City Keithville	State LA	Zip Code 71047	Transaction ID : 0d5b4aef-d0ee-4f75-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 08 / 2014
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2951 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 102 S Main Street Apt A2		Amount 75.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 8b50232d-eea6-4a17-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 6718 Lake Willow Dr		Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : e8173aa9-7bd5-4bff-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2952 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 15.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 7ae2e8c3-6f8d-48bc-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 Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 08 / 2014		
Mailing Address 227 Lincoln Dr			Amount 30.00		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 621d34b9-7b15-4dea-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 08 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶					45.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2953 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination / / 11 / 08 / 2014		
Mailing Address 227 Lincoln Dr			Amount 14.19		
City Bossier City	State LA	Zip Code 71111	Transaction ID : d14935f1-8d38-4f9e-b Date of Disbursement or Obligation / / 11 / 08 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination / / 11 / 09 / 2014		
Mailing Address 1510 Bailey St			Amount 70.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4b0de7a4-47b9-4775-b Date of Disbursement or Obligation / / 11 / 09 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 84.19		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date / / 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2954 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address Split Oak Drive			Amount 47.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 68029b82-e075-45b7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address Split Oak Drive			Amount 17.28	
City charlotte	State NC	Zip Code 28227	Transaction ID : c64e7cd5-de3a-4901-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.78	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 110 W Pecan St			Amount 31.50		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 906b8431-308b-4d10-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	81.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2956 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 9425 Jessica Drive			Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 3d953b0e-e640-4a15-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 9425 Jessica Drive			Amount 8.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : db8e2ab2-5b7d-4d76-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2957 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 70.00	
City Picayune		State MS	Zip Code 39466	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : f00d6ca7-9278-4414-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 48.60	
City Picayune		State MS	Zip Code 39466	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 7d55e95c-b06b-42f5-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			118.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2958 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 220 Doucet Rd			Amount 27.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : ee049e29-d99e-49f7-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 220 Doucet Rd			Amount 3.03	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a589195b-604e-4db4-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30.03	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 9.60	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 2bf04021-5636-41df-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 4106 Martha St		Amount 9.90	
City Shreveport	State LA	Zip Code 71109	Transaction ID : ba4f30cb-09f5-4b4c-b
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 50.00	
City Monroe	State LA	Zip Code 71212	Transaction ID : 00c0ae9f-946f-4b35-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2962 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 8.10		
City Monroe		State LA	Zip Code 71212		Transaction ID : 54825739-d246-4d8d-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : b1d94406-872c-45ed-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2963 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 9685 Paula St			Amount 19.50		
City Keithville		State LA	Zip Code 71047		Transaction ID : e650ed87-ce16-4161-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 22369 Ponderosa Dr.			Amount 60.00		
City Mandeville		State LA	Zip Code 70471		Transaction ID : 9b23b0f7-8c3e-488e-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			79.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 1c0b5aaf-bf87-47db-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ☒ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	90.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2965 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 205 Medallion Circle			Amount 64.20	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 12ee4622-6d0d-4874-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e445ec9c-8642-4c5e-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			144.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2966 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 2506 Bolch Street			Amount 74.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 96dff804-2c3f-49ac-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 827 Navavre Ave			Amount 40.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 1154d87a-cf10-416e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2967 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 827 Navavre Ave			Amount 5.10		
City New Orleans		State LA	Zip Code 70124		Transaction ID : b559ddaa-2479-429d-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 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014		
Mailing Address 6101 NORA ST			Amount 55.00		
City METAIRIE		State LA	Zip Code 70003		Transaction ID : 185f8632-cbc0-480d-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
			[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2968 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 6101 NORA ST			Amount 1.50	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 666d6304-3aef-4e92-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 1103 West Wilson Street			Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8db52360-44e9-42f2-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			61.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount Amount 110.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 9a654134-8791-42b0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	131.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 7144 South River Rd			Amount 24.60		
City	State	Zip Code	Transaction ID : cb84fbad-80a8-4bb0-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Addis	LA	70710			
Purpose of Expenditure Mileage		Category/ Type	002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	134.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2971 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 100 Asbury Ct			Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 53538ae8-4f34-4251-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 100 ASBURY CT			Amount 30.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : d46d8f4e-e8b8-4cbe-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 100 Asbury Ct			Amount 30.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9c293f3e-0fb6-4584-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y 11 / 09 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : fe97799a-740d-40f6-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y 11 / 09 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) ▶	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2973 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 30.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : a67aae91-d8b9-42e3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 09 / 2014		
Mailing Address 100 Asbury Ct		Amount 30.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : c63ce14c-582c-4187-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 09 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		60.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2974 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 543 S 2nd St			Amount 60.00	
City Bellaire	State NC	Zip Code 77401	Transaction ID : f266e250-b665-41be-9	
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Kelly Dolan			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 543 S 2nd St			Amount 3.90	
City Bellaire	State NC	Zip Code 77401	Transaction ID : fa4fce1b-679b-4e20-b	
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 202 Violet St		Amount 0.60	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 32fe14b1-5d55-4f55-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	10.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2976 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address Split Oak Drive		Amount 77.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 5c9d57c6-0264-40dc-a
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address Split Oak Drive		Amount 17.13	
City charlotte	State NC	Zip Code 28227	Transaction ID : 273440e1-17ca-447e-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	94.63
(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

 MM / DD / YYYY
 11 / 24 / 2014

Signature

Full Name of Payee Corey S McKnight		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 1510 Bailey St		Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4cd26ca7-c237-40c2-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 995 Clairborne Rd		Amount 36.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 6748d757-cc5a-44ca-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	66.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 1270 Lovelady Rd			Amount _____ 40.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : 60d2ce0a-a976-4fc6-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		_____ 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	58.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Jenny N Brown		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 1270 Lovelady Rd		Amount 9.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : a8307d4b-416b-4a25-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Chelsey Waite			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount Amount 30.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 89213e11-f569-4722-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	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.

Date _____

Signature

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 4.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 199fb8ce-143f-47a4-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2982 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 827 Navavre Ave			Amount 65.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 8f5e2f51-0f5b-444a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 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		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 827 Navavre Ave			Amount 9.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 5c5c8875-c0b3-40ad-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			74.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2983 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 8822 Apple St			Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : e765b711-5dea-4e48-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : 23f2e6e6-773e-40f2-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 8822 Apple St			Amount 50.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 11f6ddb5-f9f5-4b89-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014		
Mailing Address 8822 Apple St			Amount 12.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 1edff793-4dcb-4261-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	62.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2565 Shire Circle		Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 9172f735-e7a1-4931-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : fe2d8563-568d-4517-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	
		☒ Primary ☒ General	

(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2986 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St			Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 01e9482d-5c1d-4188-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St			Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0adfd0bc-18f6-4771-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			86.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 2987 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 924 N. Prieur St			Amount 70.00		
City State Zip Code New Orleans LA 70116		Transaction ID : 13cfa48a-b311-4326-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014			
Purpose of Expenditure Salary		Category/Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 924 N. Prieur St			Amount 16.50		
City State Zip Code New Orleans LA 70116		Transaction ID : b4a5d994-09d2-4012-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014			
Purpose of Expenditure Mileage		Category/Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2988 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St			Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : af953d6e-9dd3-4005-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St			Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8e3f6867-6f4e-4ae2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2989 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Tammy Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 924 N. Prieur St		Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c6ea4e18-c2f2-441c-a
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 9425 Jessica Drive		Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 3a7a0631-c3d4-4591-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose ☐ President ☒ Senate	
Office Sought: ☐ House ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		66.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2990 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 9425 Jessica Drive			Amount 7.80	
City Shreveport	State LA	Zip Code 71106	Transaction ID : fa3510e5-330f-4ecf-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 345 Auroura Ave			Amount 47.50	
City Metairie	State LA	Zip Code 70006	Transaction ID : f2150e99-3d59-4afe-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			55.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2991 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 345 Auroura Ave			Amount 0.96	
City Metairie	State LA	Zip Code 70006	Transaction ID : 1811aaff-299b-4f74-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 80.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : bb2b4175-289c-401a-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.96	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2992 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 47.40	
City Picayune	State MS	Zip Code 39466	Transaction ID : a98c4598-85e4-4e21-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 1117 Clipper Dr			Amount 15.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 7ed6b62c-e431-418c-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2993 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 1117 Clipper Dr			Amount 4.50	
City Slidell	State LA	Zip Code 70458	Transaction ID : c7a51d31-e8f5-4df9-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 60.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 5352d513-bcc6-4d3e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2994 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 18.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 04aecac6-87e2-48dc-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 2305 Cleary Ave			Amount 15.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 1536c544-26ae-4c29-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			33.90	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2995 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 2305 Cleary Ave		Amount 1.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : fae2bc90-e5ff-454e-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 110 W Pecan St		Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 845ae19f-4bf2-4e30-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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
Signature		M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2996 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 110 W Pecan St		Amount 34.20
City Ville Platte	State LA	Zip Code 70586
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 815a3933-cca4-483a-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 220 Doucet Rd		Amount 25.00
City Lafayette	State LA	Zip Code 70503
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a698402e-469c-4d60-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	59.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2997 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 220 Doucet Rd			Amount 3.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 57dec9fc-2159-49e5-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 629 Radiance Ave			Amount 45.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 68d385bc-1dce-4b0d-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2998 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Evelyn Lesaicherre		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 629 Radiance Ave		Amount 4.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : c6e038c6-fea2-4f06-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 4106 Martha St		Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 2f9e5994-505e-4681-a
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		84.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Ms. Emily Buchanan		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
		[Electronically Filed]	

Full Name of Payee Donna S Wilson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 4456 Country Hill Dr		Amount 20.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 2af929f3-e6ab-43ae-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3000 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 4456 Country Hill Dr			Amount 6.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : f25792f4-4e32-484d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 7650 Fallswood Way			Amount 20.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 80511dbd-cf3e-4e2c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2150 Hope St		Amount 60.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 6e383520-d8bc-4036-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3002 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2150 Hope St			Amount 9.30	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 73ece574-39ff-4afd-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2226 Taft Circle Apt 1			Amount 27.50	
City Winchester	State VA	Zip Code 22601	Transaction ID : ae49cbca-e5b3-4464-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		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 MM / DD / YYYY 11 / 24 / 2014
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3003 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1110 N Coolidge			Amount 40.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9df1953c-c8d5-4129-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1110 N Coolidge			Amount 6.60	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 978e7f1d-7fe4-4278-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3004 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 30.00
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : a992af83-7c36-45ce-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 1030 N Coolidge Ave		Amount 6.60
City Gonzales	State LA	Zip Code 70737
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 17fba999-0852-46ef-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3005 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 22369 Ponderosa Dr.		Amount 30.00
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 8ea42413-0e84-4cf0-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jeanne Tribou		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 22369 Ponderosa Dr.		Amount 7.20
City Mandeville	State LA	Zip Code 70471
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 5429301d-7029-4a10-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	37.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 227 Lincoln Dr		Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6d56ee3c-c804-4b43-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3007 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 227 Lincoln Dr			Amount 21.81		
City Bossier City		State LA	Zip Code 71111		Transaction ID : 4a09a7af-f0fb-4949-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 9685 Paula St			Amount 50.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 1ee5e58a-8b5b-4ea6-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			71.81		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3008 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 9685 Paula St		Amount 52.80
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 44705042-23d6-494c-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 205 Medallion Circle		Amount 80.00
City Shreveport	State LA	Zip Code 71119
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 54930275-bf6f-4017-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	132.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3009 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 205 Medallion Circle			Amount 40.50	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 69ff0843-374f-4682-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : c9f66e9e-83c4-456d-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			120.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 2506 Bolch Street		Amount 29.40	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 613ae575-9b86-44df-8
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House ☒ Senate District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014		
Mailing Address 101 Asbury Ct			Amount 62.50		
City Winchester	State VA	Zip Code 22602	Transaction ID : b2df7503-cb3f-4679-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	91.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3011 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report		☐ New report ☐ Amends report filed on	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : eca4fd32-0af2-4068-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 605 W Houston St		Amount 46.80	
City Marshall	State TX	Zip Code 75633	Transaction ID : fabd2ddc-fd7b-4a51-9
Purpose of Expenditure Mileage	Category/Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	126.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 5521 Randolph St.		Amount 4.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : 4d3f6faf-fbe4-454f-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3013 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 1731 Frenchmen St		Amount 70.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 96df01df-bb2f-4c26-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014
Mailing Address 1731 Frenchmen St		Amount 9.00
City New Orleans	State LA	Zip Code 70116
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : 619d3d8a-38b1-4fbf-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	79.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3014 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 22.50		
City West Monro		State LA	Zip Code 71291		
Purpose of Expenditure Salary		Category/ Type 001		Transaction ID : fb672da3-5c6e-4b14-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 6.30		
City West Monro		State LA	Zip Code 71291		
Purpose of Expenditure Mileage		Category/ Type 002		Transaction ID : 38b22be7-4278-4410-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3015 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 100.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : 12bdde63-e2be-4b5f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 9.00		
City Shreveport	State LA	Zip Code 71101	Transaction ID : 5feb292b-8569-4bdd-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			109.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3016 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y		

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014
Mailing Address 6101 NORA ST		Amount 50.00
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 10 / 2014
Mailing Address 6101 NORA ST		Amount 1.50
City METAIRIE	State LA	Zip Code 70003
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	51.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3017 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 11 / 10 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation / / 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 11 / 10 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 12.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Mileage		Category/ Type	Date of Disbursement or Obligation / / 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 92.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		Date / / 11 / 24 / 2014		
[Electronically Filed]				

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 100 ASBURY CT		Amount 60.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : cdbf458b-4fb1-4a41-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3019 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 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 : cfe1d079-8566-4bef-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 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 : 41670de6-6945-4be6-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3020 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 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 M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Trevor Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 5521 Randolph St.			Amount 20.00	
City Marrero		State LA	Zip Code 70072	
Purpose of Expenditure Salary		Category/ Type	001 M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 7144 South River Rd		Amount 60.00	
City	State	Zip Code	Transaction ID : 98f0ceee-1fb5-4605-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Addis	LA	70710	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Paul Sutphen		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 10 / 2014	
Mailing Address 9 Rhine Drive		Amount 35.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 13f6ae59-2c0b-4bdc-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 10 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	42.20
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014		
Mailing Address 308 West Main Street			Amount 62.50		
City	State	Zip Code	Transaction ID : d0e0c1b8-4011-491f-8 Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 2014		
Pilot Mountian	NC	27041			
Purpose of Expenditure Salary		Category/ Type	001		
Name of Federal Candidate		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____		
Ms. Kay Hagan			District: <u>00</u> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought		1095839.94			

(a) SUBTOTAL of Itemized Independent Expenditures.....	71.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3024 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014
Mailing Address 308 West Main Street		Amount 15.96
City Pilot Mountain	State NC	Zip Code 27041
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : d430abf0-03e1-455c-b Date of Disbursement or Obligation MM / DD / YYYY 10 / 29 / 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 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Mr. Roger McKinney		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014
Mailing Address 308 West Main Street		Amount 62.50
City Pilot Mountain	State NC	Zip Code 27041
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : d5bcf26e-6252-45eb-a Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2014
Name of Federal Candidate Ms. Kay Hagan		Office Sought: ☐ House District: 00 ☒ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1095839.94		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	78.46
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address Split Oak Drive		Amount 60.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : ec0a1da3-b83c-4323-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	73.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3026 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Mailing Address Split Oak Drive		Amount 14.88
City charlotte	State NC	Zip Code 28227
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 8d904919-068e-43e0-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee John K Necaie III		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Mailing Address 1905 Franklin Ave		Amount 60.00
City New Orleans	State LA	Zip Code 70117
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 708572fc-7280-4ed9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74.88
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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
11 / 24 / 2014

Signature

Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 202 Violet St		Amount 15.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4ed800a2-a043-4fef-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ►	
		☐ Primary ☒ General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	27.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3028 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Susan K Hamby			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 202 Violet St			Amount 0.30	
City West Monroe	State LA	Zip Code 71292	Transaction ID : a923cf76-ee01-49df-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 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 1510 Bailey St			Amount 35.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 6a0c052e-a86c-4fbf-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3029 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 345 Auroura Ave			Amount 7.50		
City Metairie	State LA	Zip Code 70006	Transaction ID : 5df643a2-7181-410c-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 345 Auroura Ave			Amount 0.39		
City Metairie	State LA	Zip Code 70006	Transaction ID : ff1e629c-e222-470b-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			7.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3030 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 995 Clairborne Rd		Amount 39.00
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Salary		Category/Type 001
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 995 Clairborne Rd		Amount 15.90
City Calhoun	State LA	Zip Code 71225
Purpose of Expenditure Mileage		Category/Type 002
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	54.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 605 W Houston St		Amount 50.40	
City Marshall	State TX	Zip Code 75633	Transaction ID : 3a3299bd-8cd0-46dd-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1501 1364 1507"> <tr><td>130.40</td></tr> </table>	130.40
130.40		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1507 1364 1512"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1512 1364 1520"> <tr><td></td></tr> </table>	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3032 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 620 Old Barbome Rd Lot 2		Amount 25.00
City West Monroe	State LA	Zip Code 71291
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : cefdd269-fb64-483c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 620 Old Barbome Rd Lot 2		Amount 2.58
City West Monroe	State LA	Zip Code 71291
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 2ac751d6-f8d1-46f0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27.58
(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]

Signature

Date

MM / DD / YYYY
11 / 24 / 2014

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 9425 Jessica Drive		Amount 47.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 097f6dae-6776-4e6c-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3034 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 9425 Jessica Drive			Amount 7.80		
City Shreveport		State LA	Zip Code 71106		Transaction ID : c2544dd6-fdd2-46ab-9
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 40.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 5438c28d-05ec-4245-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(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.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3035 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2329 Runnymede Dr			Amount 7.20	
City Marrero	State LA	Zip Code 70072	Transaction ID : b714e34f-8f34-4826-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 924 N. Prieur St			Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : a4ae2a8a-fa17-4227-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3036 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : f7a943bc-1e0a-45a6-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 924 N. Prieur St			Amount 70.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d63586a9-7a3b-4c64-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3037 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 924 N. Prieur St			Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : fa1a32a9-0e4a-430b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 924 N. Prieur St			Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0bf6e9c8-fbaf-4301-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3038 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 924 N. Prieur St			Amount 15.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 8a52f6d9-a64c-4925-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 8822 Apple St			Amount 50.00		
City New Orleans	State LA	Zip Code 70188	Transaction ID : 1ea5956c-88fd-4251-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3039 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans		State LA	Zip Code 70188	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 63457c27-5822-4981-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 1117 Clipper Dr			Amount 25.00	
City Slidell		State LA	Zip Code 70458	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : e038407b-7e32-4fa3-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 2305 Cleary Ave		Amount 12.50	
City Metairie	State LA	Zip Code 70001	Transaction ID : 55417b35-b413-45ec-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	17.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 2305 Cleary Ave		Amount 1.20	
City Metairie	State LA	Zip Code 70001	Transaction ID : a973a93c-214f-42ef-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 45205508-4999-42fc-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	51.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 110 W Pecan St		Amount 33.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3a59bcf9-ee49-4d0b-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Krista J Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 41176 Bertville Rd		Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4bd25022-baa9-439e-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	63.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3043 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Krista J Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 41176 Bertville Rd			Amount 7.74	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 69ec40f0-e0d4-443a-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2150 Hope St			Amount 40.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 59a4d8e1-ad6b-4329-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.74	
(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.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3044 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2150 Hope St			Amount 6.60	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 81a33e46-5de0-47ab-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 227 Lincoln Dr			Amount 30.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6b55b781-d295-4eda-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			36.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3045 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 227 Lincoln Dr			Amount 11.16		
City Bossier City	State LA	Zip Code 71111	Transaction ID : b2f1fc52-3eee-4895-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 827 Navavre Ave			Amount 50.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 3c68c144-4b9f-469d-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.16		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3046 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 827 Navavre Ave			Amount 4.50	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 05ba6619-3d60-4638-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Noah J Smith			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 41174 Bertville Rd			Amount 30.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : d677cd75-9dc3-4cb2-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : bf121d5d-abe4-487b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3048 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 102 S Main Street Apt A2			Amount 85.00		
City Berryville	State VA	Zip Code 22611	Transaction ID : 6371484e-f5b4-49b8-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 4456 Country Hill Dr			Amount 20.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 89accdc5-83f6-4d04-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			105.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3049 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 4456 Country Hill Dr			Amount 7.20		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : d238f1ba-8899-4f1f-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 25.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : e99b57fa-71ad-474d-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			32.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3050 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 6.60		
City Monroe	State LA	Zip Code 71212	Transaction ID : 66b15d18-9f47-45ff-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : a02eb8d4-a124-4b26-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3051 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 9685 Paula St			Amount 13.20	
City Keithville	State LA	Zip Code 71047	Transaction ID : 2b77052a-219f-4e73-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 550ec892-6a6c-447f-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			93.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3052 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 9685 Paula St		Amount 14.40
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : dff8e763-bd3d-4155-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Francesca Blom		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 101 Asbury Ct		Amount 20.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 0776fcc2-92cb-48b1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3053 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 45.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : cb1d9f01-1ad2-45fd-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 18.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0a39008e-df9b-4bfb-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 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3054 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 4106 Martha St			Amount 60.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 8dfd7670-7601-4613-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 4106 Martha St			Amount 7.80		
City Shreveport	State LA	Zip Code 71109	Transaction ID : ddcde446-af00-4426-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support Office Sought: ☐ House District: <u>00</u> ☒ Oppose ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			67.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3055 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : c73faf9d-b9d7-42f2-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 10.50	
City Shreveport	State LA	Zip Code 71101	Transaction ID : cd3b31af-1b44-476b-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 6bd5f859-b2bc-4a42-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014		
Mailing Address 205 Medallion Circle			Amount 48.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : ee91b4fe-9fdc-4101-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate		
Calendar Year-To-Date Per Election for Office Sought		298625.67	District: 00 State: LA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	128.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 1103 West Wilson Street		Amount 32.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 95cdb41d-10cd-4f5e-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3059 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination / / 11 / 11 / 2014		
Mailing Address 6101 NORA ST			Amount 40.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 6bdd049e-b2b4-46d1-a Date of Disbursement or Obligation / / 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____			
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination / / 11 / 11 / 2014		
Mailing Address 6101 NORA ST			Amount 1.20		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : eef0f568-f2d3-4c63-b Date of Disbursement or Obligation / / 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002	Name of Federal Candidate Ms. Mary L Landrieu ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>			
		Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date / / 11 / 24 / 2014	

Full Name of Payee Debra Lindsey		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 119 Goldenwood Dr		Amount 6.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 462d5d7c-2675-46b0-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3061 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 2565 Shire Circle			Amount 30.00	
City Harrisonburg		State VA	Zip Code 22801	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 60.00	
City Carriere		State MS	Zip Code 39426	
Purpose of Expenditure Salary			Category/Type 001	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 90.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Signature <i>Ms. Emily Buchanan</i> [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3062 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 35.70	
City Carriere	State MS	Zip Code 39426	Transaction ID : a21f5ed0-d792-4ce2-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 20679 Glenbrook Terrace			Amount 40.00	
City Sterling	State VA	Zip Code 20165	Transaction ID : b3705989-b993-481d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			75.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3063 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 329 Columbia St		Amount 50.00
City Shreveport	State LA	Zip Code 71104
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : e6cb9ef8-94e8-4332-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Michael B Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014
Mailing Address 329 Columbia St		Amount 12.90
City Shreveport	State LA	Zip Code 71104
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : c7821594-ffc9-4c80-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	62.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3064 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Vonniqua Jackson			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 111 Westchester Blvd Apt D4			Amount 70.00		
City Slidell		State LA	Zip Code 70458		Transaction ID : c6e8a6c7-ac86-4642-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 11 / 11 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : e1c559f9-37d2-4c16-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			150.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 5521 Randolph St.		Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 8690381b-9282-423f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	44.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3066 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Windy Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 5521 Randolph St.			Amount 4.50		
City Marrero		State LA	Zip Code 70072		Transaction ID : 4ce22096-67f9-40aa-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 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Trevor D Hageman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 5521 Randolph St			Amount 12.50		
City Marrero		State LA	Zip Code 70072		Transaction ID : 5f9431be-ff83-4171-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3067 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 80.00	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 4bb9259a-6d63-40a5-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 6718 Lake Willow Dr			Amount 12.30	
City New Orleans		State LA	Zip Code 70126	
Purpose of Expenditure Mileage		Category/ Type	Transaction ID : 48903f22-e16d-4479-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			92.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3068 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination / / 11 / 11 / 2014		
Mailing Address 1110 N Coolidge			Amount 37.50		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 9cb9be38-e57f-4018-8 Date of Disbursement or Obligation / / 11 / 11 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination / / 11 / 11 / 2014		
Mailing Address 1110 N Coolidge			Amount 7.71		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 8f78b01a-c3a7-47f9-9 Date of Disbursement or Obligation / / 11 / 11 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 45.21		
(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 <i>Ms. Emily Buchanan</i> [Electronically Filed] Date / / 11 / 24 / 2014					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3069 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 37.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 5167e43c-25cf-40ca-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 7.71	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1a2f693b-6712-4ba8-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45.21
(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

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3070 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 5342 Eudora Dr			Amount 60.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 7a26a447-047a-4d1b-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014		
Mailing Address 5342 Eudora Dr			Amount 8.10		
City Addis		State LA	Zip Code 70710		Transaction ID : 384a94ca-1760-4cba-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 7144 South River Rd		Amount 8.40	
City	State	Zip Code	Transaction ID : 47929d0b-f350-40e3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Addis	LA	70710	
Purpose of Expenditure Mileage	Category/ Type	002	
Name of Federal Candidate	☐ Support ☒ Oppose	Office Sought:	☐ House District: 00 ☐ President ☒ Senate State: LA
Ms. Mary L Landrieu			
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	68.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3072 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : c821c968-2197-4001-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 629 Radiance Ave			Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 876712ee-9e84-412a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : ca8adbee-ecde-40d1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 0731b0e5-1f93-4db2-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 3aafc579-ebf6-4432-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature



Three examples of binary representations are shown, each with a number and its corresponding binary digits (M, D, Y) above it:

- 11 (M M)
- 24 (D D)
- 2014 (Y Y Y Y)

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3076 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1731 Frenchmen St			Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : cee6c084-1aa6-4b92-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1731 Frenchmen St			Amount 10.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : e20a8445-e74f-4b0b-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3077 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1103 West Wilson Street			Amount 75.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 9041d610-523a-4512-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Mailing Address 1103 West Wilson Street			Amount 20.70	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : e5006e15-2673-4a5c-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 10 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3078 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 20.00	
City Mandeville	State LA	Zip Code 70471	Transaction ID : 4f2e9ea2-d99c-4d70-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jeanne Tribou			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Mailing Address 22369 Ponderosa Dr.			Amount 7.20	
City Mandeville	State LA	Zip Code 70471	Transaction ID : d7065c52-8405-4da7-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee April E Madrid		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 11 / 2014	
Mailing Address 2153 Sweet Bay Circle		Amount 2.55	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 7101aabc-6524-4d64-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 11 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	22.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3080 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1981 Cherokee St			Amount 43.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 5af971ba-0494-4110-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Nicholas O Wilcox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1981 Cherokee St			Amount 4.86	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 9a159956-46db-4476-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.86	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Heather A Smith		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 995 Clairborne Rd		Amount 14.10	
City Calhoun	State LA	Zip Code 71225	Transaction ID : ee31872a-6893-4701-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.10
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3082 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y / / / / / /					
Full Name of Payee Joshua J Huffman			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 211 Dixie Ave			Amount 50.00		
City Harrisonburg		State VA	Zip Code 22801		Transaction ID : e02eb96f-1969-4660-8
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 1905 Franklin Ave			Amount 40.00		
City New Orleans		State LA	Zip Code 70117		Transaction ID : e1e1d422-c87b-4f5f-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3083 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee John K Necaie III			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 1905 Franklin Ave			Amount 13.56		
City New Orleans	State LA	Zip Code 70117	Transaction ID : 72c82f52-aa55-4a55-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 29637 Park St			Amount 60.00		
City Walker	State LA	Zip Code 70785	Transaction ID : 2e2f270d-1347-47bf-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			73.56		
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3084 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y 11 12 2014					
Full Name of Payee Ryan Drake			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 12 2014		
Mailing Address 29637 Park St			Amount 14.10		
City Walker		State LA	Zip Code 70785		Transaction ID : 78c57e62-731b-4d48-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 12 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 12 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall		State TX	Zip Code 75633		Transaction ID : 80de260e-cb46-483f-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 12 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			94.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 24 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3085 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 605 W Houston St			Amount 47.70		
City Marshall		State TX	Zip Code 75633		Transaction ID : 55c933bc-e2a1-4656-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 70.00		
City West Monro		State LA	Zip Code 71291		Transaction ID : a9c33891-d148-4b9c-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			117.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 212 Stonecliff Dr			Amount 10.80		
City West Monro	State LA	Zip Code 71291	Transaction ID : e6a92d2a-1194-49dc-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶			

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 25.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : b4fb1146-077c-465f-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	35.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Vanessa E Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 25.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : e65f52f6-1d14-4faa-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Signature

Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 345 Auroura Ave			Amount 40.00		
City Metairie	State LA	Zip Code 70006	Transaction ID : fb8d5930-0c96-4c3b-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	45.70
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3089 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Beau Autin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 345 Auroura Ave			Amount 1.68		
City Metairie	State LA	Zip Code 70006	Transaction ID : b0e5fe81-38c5-43fc-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 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 2305 Cleary Ave			Amount 15.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 2311169a-4758-4882-9		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16.68		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3090 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 2305 Cleary Ave			Amount 1.80		
City Metairie	State LA	Zip Code 70001	Transaction ID : 6c2819d1-c51a-43c5-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination 11 / 12 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 25.00		
City Monroe	State LA	Zip Code 71212	Transaction ID : 985f4c2a-2b82-4e78-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			26.80		
(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 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3091 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out 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 A Toomey			Date of Public Distribution/Dissemination / / 11 / 12 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 13.50		
City Monroe	State LA	Zip Code 71212	Transaction ID : 1d85554c-38e2-4af0-9 Date of Disbursement or Obligation / / 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination / / 11 / 12 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 40.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : e4b770b0-c25a-4c78-8 Date of Disbursement or Obligation / / 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 53.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date / / 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3092 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 6.00		
City West Monroe	State LA	Zip Code 71292	Transaction ID : b3766e0e-bb3e-4463-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 827 Navavre Ave			Amount 80.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : e93052fb-521f-4fce-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3093 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 827 Navavre Ave			Amount 8.10		
City New Orleans		State LA	Zip Code 70124		Transaction ID : d19c3737-b579-4cf1-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 101 Durham Drive			Amount 20.00		
City Lafayette		State LA	Zip Code 70508		Transaction ID : 092246d9-489f-463e-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date MM / DD / YYYY 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3094 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 101 Durham Drive			Amount 4.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : a23d6b4d-9fdd-4823-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Theresa a Youngblood			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 102 S Main Street Apt A2			Amount 40.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 61b9c43b-2168-4fa2-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			44.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 90.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 765ced04-13e7-40af-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3096 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2046 Perrin St Apt C			Amount 13.50	
City Shreveport	State LA	Zip Code 71101	Transaction ID : ba68940d-727f-43d4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 37ec1d6a-b749-4a49-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 55 Lovell Johnson Rd			Amount 60.00		
City Picayune	State MS	Zip Code 39466	Transaction ID : a0530535-511b-499d-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	92.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3098 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 40.80	
City Picayune	State MS	Zip Code 39466	Transaction ID : b85a8be7-efaa-4d14-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 12 / 2014	
Mailing Address 9425 Jessica Drive			Amount 47.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 0376f9f9-31ba-427d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M / D D / Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3099 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination / / 11 / 12 / 2014		
Mailing Address 9425 Jessica Drive			Amount 7.20		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 1773fc02-b587-4f4b-8 Date of Disbursement or Obligation / / 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination / / 11 / 12 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 5e068a41-88f2-4be8-b Date of Disbursement or Obligation / / 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u> ☐ Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 87.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3100 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 4106 Martha St			Amount 9.90		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 8106d426-9459-4e1c-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 65.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ed6c3691-8212-47d7-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			74.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3101 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 16.80	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 54044546-d0ec-4f9d-b Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1103 West Wilson Street			Amount 70.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 352347da-4d02-4610-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 12 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			86.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 1103 West Wilson Street		Amount 21.90	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 6c828c08-c79e-4745-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Cynthia N Schmit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2226 Taft Circle Apt 1		Amount 15.00	
City Winchester	State VA	Zip Code 22601	Transaction ID : b8f9a818-88fa-4738-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	36.90
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3103 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 2506 Bolch Street			Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 0912523a-3fa9-41ae-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 2506 Bolch Street			Amount 61.20	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5155c909-52cd-4e50-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			141.20	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2565 Shire Circle		Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : d9312962-2504-458c-a
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Joneisha Stewart		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 2329 Runnymede Dr		Amount Amount 30.00	
City Marrero	State LA	Zip Code 70072	Transaction ID : 5440c755-ed7c-4964-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3105 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 9.00		
City Marrero		State LA	Zip Code 70072		Transaction ID : 678d87ec-be01-49db-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 9685 Paula St			Amount 90.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 755cac04-5e0c-42ac-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (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 11 / 24 / 2014		

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 9685 Paula St			Amount 19.20		
City Keithville	State LA	Zip Code 71047	Transaction ID : 03c9b96d-c604-4d76-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : e908b987-a5b7-4df1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3107 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 205 Medallion Circle			Amount 67.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 8fac0689-9570-4ba3-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 40.00		
City Sterling	State VA	Zip Code 20165	Transaction ID : c7265457-7186-4fc9-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			107.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3108 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1110 N Coolidge			Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : ac884fbc-43f4-4776-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 1110 N Coolidge			Amount 31.26	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 66d19e56-77e2-40db-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.26	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3109 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 110.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : d4a24b6d-7d19-4641-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 31.26	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 1ddb954e-97a6-4ab6-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			141.26	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3110 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 227 Lincoln Dr			Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 861b8c6f-3c72-44e5-a Date of Disbursement or Obligation 11 / 12 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 227 Lincoln Dr			Amount 15.09	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6254c1bd-9175-4cb2-a Date of Disbursement or Obligation 11 / 12 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35.09	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3111 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 2150 Hope St			Amount 80.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : cfebab5d-f6f8-4b1a-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Elvis Spears			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 2150 Hope St			Amount 8.40	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 3437ad78-2759-4868-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3112 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 6101 NORA ST			Amount 40.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : edaf9bdf-aa53-4038-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 12 / 2014	
Mailing Address 6101 NORA ST			Amount 1.20	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 82f83012-6101-49ad-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3113 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : f486d6d1-86c7-4c07-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.70		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 11fa9be2-e135-4f34-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3114 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 7144 South River Rd			Amount 60.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 39174aae-47d0-4a2a-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Brogan A Benoit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 7144 South River Rd			Amount 6.30		
City Addis		State LA	Zip Code 70710		Transaction ID : 29e64584-3603-4adc-8
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			66.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3115 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 5342 Eudora Dr			Amount 40.00		
City Addis		State LA	Zip Code 70710		Transaction ID : dcb3448d-f472-4545-b
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014		
Mailing Address 5342 Eudora Dr			Amount 7.50		
City Addis		State LA	Zip Code 70710		Transaction ID : a1002301-3c91-46f7-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			47.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3117 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 629 Radiance Ave			Amount 80.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 88449fab-989e-49a7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Evelyn Lesaicherre			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Mailing Address 629 Radiance Ave			Amount 5.40	
City Metairie	State LA	Zip Code 70001	Transaction ID : 20d9b8b8-5968-4272-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.40	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 9977de69-7ee6-400d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 100 ASBURY CT		Amount 60.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 6c017352-1c7a-4cea-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	House District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 60.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 349b5eb1-5ac2-4a3a-b
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 627d3aee-9f89-4d72-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<!-- Empty box -->
(c) TOTAL Independent Expenditures.....	▶	<!-- Empty box -->

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3120 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 100 Asbury CT 3200 Dam Neck Rd		Amount 70.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 569c08ff-4c11-469c-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 100 Asbury Ct		Amount 60.00		
City Winchester	State VA	Zip Code 22602	Transaction ID : 92db2f18-969f-4cb1-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		130.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature				MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3121 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville	State LA	Zip Code 71047	Transaction ID : 5be9a769-4136-4714-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address 9685 Paula St			Amount 15.90		
City Keithville	State LA	Zip Code 71047	Transaction ID : 07a2af4c-fbbb-4c87-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			95.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 205 Medallion Circle			Amount 21.00		
City Shreveport	State LA	Zip Code 71119	Transaction ID : a52881e5-dd73-42d4-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3123 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address Split Oak Drive			Amount 47.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 98dd0306-d9fe-4436-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address Split Oak Drive			Amount 16.86	
City charlotte	State NC	Zip Code 28227	Transaction ID : 6ca1171a-32ed-4966-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.36	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3124 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address Split Oak Drive			Amount 67.50		
City charlotte	State NC	Zip Code 28227	Transaction ID : c4594c6a-4533-40ab-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Amanda Boley			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 12 / 2014		
Mailing Address Split Oak Drive			Amount 17.10		
City charlotte	State NC	Zip Code 28227	Transaction ID : e70ff7c0-1669-4f27-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 12 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			84.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3125 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Corey S McKnight			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1510 Bailey St			Amount 30.00	
City West Monroe	State LA	Zip Code 71292	Transaction ID : 4c58de05-af59-43c6-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 995 Clairborne Rd			Amount 33.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : 25428b02-ec65-406d-a Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			63.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3126 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M / D D / Y Y Y Y				
Full Name of Payee Heather A Smith			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 995 Clairborne Rd			Amount 21.00	
City Calhoun	State LA	Zip Code 71225	Transaction ID : d6472eab-34ca-47e8-8 Date of Disbursement or Obligation 11 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 2506 Bolch Street			Amount 40.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : ac5a2e5b-0cef-4cec-b Date of Disbursement or Obligation 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ 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 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3127 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 2506 Bolch Street			Amount 14.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 71c2f7e1-4502-4d9b-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 605 W Houston St			Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : b2c2e6af-a6ac-4c4a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3128 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 605 W Houston St			Amount 50.10		
City Marshall		State TX	Zip Code 75633		Transaction ID : f26beb8b-578c-49ca-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 4120 Bon Aire Dr Apt 6307			Amount 35.00		
City Monroe		State LA	Zip Code 71212		Transaction ID : 1052b76f-198f-4ddf-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			85.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3129 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Michael A Toomey		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 4120 Bon Aire Dr Apt 6307		Amount 7.20	
City Monroe	State LA	Zip Code 71212	Transaction ID : 8a1afaff-805a-4d5a-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 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 924 N. Prieur St		Amount 70.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 28ae825c-1d8e-4702-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	77.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

Full Name of Payee Tammay Williams		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 924 N. Prieur St		Amount 15.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 799b9771-3b43-49a1-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 8822 Apple St		Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ea9ecbc4-a24a-461c-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3131 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : a436bee8-f26f-468d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 1117 Clipper Dr			Amount 25.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : 76ca90d8-5d2f-473e-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			37.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Patricia F Arnold			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 1117 Clipper Dr			Amount 3.66		
City Slidell	State LA	Zip Code 70458	Transaction ID : da0c8e00-0190-4607-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 4106 Martha St			Amount 80.00		
City Shreveport	State LA	Zip Code 71109	Transaction ID : 2f466dc0-711a-426c-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			83.66		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Emily Buchanan</u> [Electronically Filed]			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3133 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 4106 Martha St			Amount 11.10	
City Shreveport	State LA	Zip Code 71109	Transaction ID : f8293aa5-ab0c-4777-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 9685 Paula St			Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 6d0d899d-1d0c-41d7-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.10	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3134 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 9685 Paula St			Amount 19.50		
City Keithville	State LA	Zip Code 71047	Transaction ID : 55c84915-b138-4f76-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 827 Navavre Ave			Amount 30.00		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 1780e575-f8ce-4016-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3135 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 827 Navavre Ave			Amount 4.80	
City New Orleans	State LA	Zip Code 70124	Transaction ID : 3e05f818-6557-4bf4-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 9425 Jessica Drive			Amount 50.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 409b2e94-f9ec-4c92-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3136 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 9425 Jessica Drive			Amount 10.80		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 9a1c0b3b-d824-4246-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Francesca Blom			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 101 Asbury Ct			Amount 97.50		
City Winchester	State VA	Zip Code 22602	Transaction ID : 94f92995-0525-47df-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			108.30		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3137 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 55d28335-b9c7-408a-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 202 Rue Des Cajun			Amount 19.20	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d2f4ce59-b68f-49e0-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3138 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 60.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 8f48853a-979e-4e88-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 42.60	
City Picayune	State MS	Zip Code 39466	Transaction ID : 7b9078ee-6695-4925-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			102.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Sheri J Peace		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 9685 Paula St		Amount 80.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 50b8e9ae-7cc5-4b65-8
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sheri J Peace			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 9685 Paula St			Amount 23.40		
City Keithville	State LA	Zip Code 71047	Transaction ID : 3e981a68-5dce-43cb-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1650 1364 1656"> <tr><td data-bbox="1102 1650 1364 1656">103.40</td></tr> </table>	103.40
103.40		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1102 1656 1364 1661"> <tr><td data-bbox="1102 1656 1364 1661"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1102 1661 1364 1669"> <tr><td data-bbox="1102 1661 1364 1669"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3140 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 9685 Paula St		Amount 90.00
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 29f9f504-8d84-42af-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 9685 Paula St		Amount 22.20
City Keithville	State LA	Zip Code 71047
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : e0f20db2-a891-47d0-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	112.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3141 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1110 N Coolidge			Amount 112.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 28e7a601-03d0-4db5-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1110 N Coolidge			Amount 27.66	
City Gonzales	State LA	Zip Code 70737	Transaction ID : b78d9ec3-ea7f-4f18-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.16	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature				

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 112.50	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 30ae9016-996d-41e8-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3143 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 27.66	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 4b4198e4-4e38-4b1d-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael B Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 329 Columbia St			Amount 50.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 966266dc-b8b2-421f-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			77.66	
(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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Jennifer F Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd		Amount 55.00	
City	State	Zip Code	Transaction ID : 12e5a342-88fb-4df5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Carriere	MS	39426	
Purpose of Expenditure Salary		Category/ Type	001
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
		298625.67	

(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 _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3145 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 38.10	
City Carriere	State MS	Zip Code 39426	Transaction ID : e2b55f7d-dc20-4ba3-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 121 Ohara Dr			Amount 120.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 12755e84-db29-40ce-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			158.10	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 110 W Pecan St			Amount 34.80		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ec158b45-4067-4cb8-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 110 W Pecan St		Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8fa4e610-d06a-41b5-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	84.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 1981 Cherokee St		Amount 53.00	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 4ba7d060-f229-4ad1-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	87.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

Full Name of Payee Nicholas O Wilcox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 1981 Cherokee St		Amount 7.50	
City Baton Rouge	State LA	Zip Code 70806	Transaction ID : 2b9392e5-bb85-43cc-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 80.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 8bcaf135-0587-42cb-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ 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.

Date _____

Signature

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 211 Dixie Ave		Amount Amount 60.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : bcee97de-4cea-4c6a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3151 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 6101 NORA ST			Amount 40.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : b1137f2e-8375-4271-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination 11 / 13 / 2014		
Mailing Address 6101 NORA ST			Amount 0.60		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 817aa7a8-a5a9-4a61-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			40.60		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3152 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 227 Lincoln Dr			Amount 50.00		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 3ba006ea-84f5-4a97-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 227 Lincoln Dr			Amount 11.46		
City Bossier City	State LA	Zip Code 71111	Transaction ID : 94066d77-730e-4d68-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			61.46		
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 220 Doucet Rd		Amount 51.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : a0e0539c-933d-45e3-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 220 Doucet Rd		Amount 3.21	
City Lafayette	State LA	Zip Code 70503	Transaction ID : e655d43d-6365-4ae9-a
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	54.21
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

Full Name of Payee Brogan A Benoit		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 7144 South River Rd		Amount 7.80	
City	State	Zip Code	Transaction ID : 4398b26e-bd75-49ca-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Addis	LA	70710	
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		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3155 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1731 Frenchmen St			Amount 90.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : fea74645-495d-4993-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Mailing Address 1731 Frenchmen St			Amount 9.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 450702a1-c325-49d4-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			99.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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 11 / 24 / 2014	
Signature _____				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3156 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 2150 Hope St		Amount 40.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 567df565-70ce-47df-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 2150 Hope St		Amount 10.20	
City New Orleans	State LA	Zip Code 70119	Transaction ID : 7f6f3132-b8ee-496f-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	50.20
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3157 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Timothy Foley			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 20679 Glenbrook Terrace			Amount 40.00		
City Sterling		State VA	Zip Code 20165		Transaction ID : 4ffc283a-a7cb-4da3-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014		
Mailing Address 5342 Eudora Dr			Amount 40.00		
City Addis		State LA	Zip Code 70710		Transaction ID : 52de7902-753e-4c8a-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3158 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Gage Blank			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 5342 Eudora Dr			Amount 4.50		
City Addis	State LA	Zip Code 70710	Transaction ID : 1eae0e08-144a-4091-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014		
Mailing Address 2565 Shire Circle			Amount 30.00		
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 1281bf90-7286-486f-8		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3159 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on / /					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 11 / 13 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 3d44b008-8d05-4bb1-8
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation / / 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination / / 11 / 13 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.70		
City New Orleans		State LA	Zip Code 70126		Transaction ID : 6f18a09f-188a-4dd0-b
Purpose of Expenditure Mileage		Category/Type 002		Date of Disbursement or Obligation / / 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			 91.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date / / 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 100 ASBURY CT		Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : a65e8322-4bc5-48cc-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : a1ae4c82-fba8-4152-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014	
Mailing Address 100 Asbury Ct		Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : db61e0be-5a09-435d-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3162 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : e4815f4b-8757-4267-9 Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 11 / 13 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : e37cd8b6-6932-476d-8 Date of Disbursement or Obligation 11 / 13 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date 11 / 24 / 2014 [Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3163 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Brieshauna M Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 13 / 2014
Mailing Address 1703 Torrey Pines Ct		Amount 40.00
City Reston	State VA	Zip Code 20190
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : ebfbc077-2609-451d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 13 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Sarah Bassil		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014
Mailing Address 7650 Fallswood Way		Amount 60.00
City Lorton	State VA	Zip Code 22079
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : df2ee3be-aacf-4cff-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3164 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Sarah Bassil			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 7650 Fallswood Way			Amount 60.00	
City Lorton	State VA	Zip Code 22079	Transaction ID : 6f557d3c-e272-4cf1-a	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 2565 Shire Circle			Amount 30.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : b31c1656-041d-4e1e-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3165 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 101 Durham Drive			Amount 15.00	
City Lafayette	State LA	Zip Code 70508	Transaction ID : 304cc5ba-a87d-4f5c-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jerome M Weil			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 101 Durham Drive			Amount 4.50	
City Lafayette	State LA	Zip Code 70508	Transaction ID : ab8b9707-ea0d-4207-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			19.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3166 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christine Stevens			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 4588ef9d-0167-4d78-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Jazmine d Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 100 ASBURY CT			Amount 70.00	
City WINCHESTER	State VA	Zip Code 22602	Transaction ID : 021ea8b5-5792-43de-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3167 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Jon E Conner			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : ed24f8b0-beb1-4de2-9
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Rodney O Culbreath			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 100 Asbury Ct			Amount 70.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : 2ff0b37e-6769-47ab-a
Purpose of Expenditure Salary		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature			[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3168 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Rodney D Culbreth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : a910771b-18d6-441c-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 100 Asbury Ct			Amount 70.00	
City Winchester		State VA	Zip Code 22602	
Purpose of Expenditure Salary		Category/ Type	Transaction ID : 351ca429-5207-4e09-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			140.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Joshua J Huffman		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 211 Dixie Ave		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : 605f3205-abec-41e3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ▶	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address Split Oak Drive		Amount 30.00	
City charlotte	State NC	Zip Code 28227	Transaction ID : bbbcd97d-63ca-472d-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	51.93
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3172 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee John K Necaie III		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014
Mailing Address 1905 Franklin Ave		Amount 11.49
City New Orleans	State LA	Zip Code 70117
Purpose of Expenditure Mileage	Category/Type 002	Transaction ID : a0ebffcb-8839-415f-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Charleen Ecuyer		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014
Mailing Address 3738 Woodland Ridge Blvd		Amount 32.50
City Baton Rouge	State LA	Zip Code 70816
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : 8548675e-a943-4cc7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: 00 ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43.99
(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

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3173 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 4.92	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 3ef865b0-5eca-48cf-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 32.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : ef75f2c4-de1d-41f0-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.42	
(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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Philip Elkins		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 227 Lincoln Dr		Amount 20.00	
City Bossier City	State LA	Zip Code 71111	Transaction ID : c901a4f9-7ee0-43c5-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	52.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3175 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Philip Elkins			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 227 Lincoln Dr			Amount 4.80	
City Bossier City	State LA	Zip Code 71111	Transaction ID : 6d132fc9-9ceb-4c92-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tabitha M Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 32.50	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 97ecc280-2038-48ca-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			37.30	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3176 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 924 N. Prieur St			Amount 80.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 636638bd-e67d-4f7f-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Tammy Williams			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 924 N. Prieur St			Amount 16.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 0b822ae0-6014-4e83-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			96.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3177 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 8822 Apple St			Amount 50.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : c7964e4a-948f-4f58-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 8822 Apple St			Amount 12.00	
City New Orleans	State LA	Zip Code 70188	Transaction ID : ece61049-0382-4ed7-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			62.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3178 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 9425 Jessica Drive			Amount 55.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : e62b9cfa-3769-4a5b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 9425 Jessica Drive			Amount 9.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : d6b66bbc-b61b-4903-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			64.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 220 Doucet Rd		Amount 25.00	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 2a44fbb1-4afc-46ca-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	85.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Francis Richardson		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 220 Doucet Rd		Amount 1.41	
City Lafayette	State LA	Zip Code 70503	Transaction ID : 8894d31a-93b8-45d3-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Christopher L Gilbert		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 55 Lovell Johnson Rd		Amount 85.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 12ed66f5-727d-47b6-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	86.41
(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.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3181 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Christopher L Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 55 Lovell Johnson Rd			Amount 48.00	
City Picayune	State MS	Zip Code 39466	Transaction ID : 1e8a001b-00ea-4199-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 4456 Country Hill Dr			Amount 10.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 5010e069-42d1-459b-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			58.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Ms. Emily Buchanan		[Electronically Filed]		Date MM / DD / YYYY 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3182 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Donna S Wilson			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 4456 Country Hill Dr			Amount 7.20		
City Baton Rouge		State LA	Zip Code 70816		Transaction ID : 4979c880-a39f-4714-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 9685 Paula St			Amount 80.00		
City Keithville		State LA	Zip Code 71047		Transaction ID : 9a4fef95-3143-46fc-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			87.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3183 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Heather Ainsworth			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 9685 Paula St			Amount 22.80		
City Keithville		State LA	Zip Code 71047		Transaction ID : 121c6305-1f7b-418c-b
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Jenny N Brown			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1270 Lovelady Rd			Amount 30.00		
City West Monroe		State LA	Zip Code 71292		Transaction ID : 7b012832-20f0-4291-9
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought			298625.67 Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			52.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 6101 NORA ST		Amount 35.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : a4c1573c-b9be-4730-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3185 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y				
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 6101 NORA ST			Amount 0.90	
City METAIRIE		State LA	Zip Code 70003	
Purpose of Expenditure Mileage		Category/ Type 002	Transaction ID : 08cff9d4-8dde-4346-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 1110 N Coolidge			Amount 60.00	
City Gonzales		State LA	Zip Code 70737	
Purpose of Expenditure Salary		Category/ Type 001	Transaction ID : ca2ca4dd-62a1-4b4d-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			60.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3186 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Hannah J Landry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 1110 N Coolidge			Amount 9.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 98e10450-5317-41f5-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Mailing Address 1030 N Coolidge Ave			Amount 60.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 3b9f9d81-1010-4103-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3187 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 9.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : f6616797-e83b-487e-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 60.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 0a17444b-d4b0-4660-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			69.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 1117 Clipper Dr		Amount 12.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : bf350d8b-196e-45c1-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	32.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Jordan L Randall		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 27 Mesa St		Amount 5.00	
City Kenner	State LA	Zip Code 70065	Transaction ID : 83f29d8a-ff82-41ec-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 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	298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9.92
(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.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3190 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 70.00	
City Carriere	State MS	Zip Code 39426	Transaction ID : f462b103-3f2e-4c6d-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jennifer F Gilbert			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 180 McNeil Steep Hollow Rd			Amount 43.20	
City Carriere	State MS	Zip Code 39426	Transaction ID : 2ae7cad6-8746-435a-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			113.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date MM / DD / YYYY 11 / 24 / 2014	
[Electronically Filed]				

Full Name of Payee Alice K Salazar			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014		
Mailing Address 605 W Houston St			Amount 80.00		
City Marshall	State TX	Zip Code 75633	Transaction ID : d4698672-19bc-48ca-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 605 W Houston St		Amount 46.80	
City Marshall	State TX	Zip Code 75633	Transaction ID : ff484069-01ce-48b3-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 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 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	126.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3192 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y		

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 80.00
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Salary	Category/ Type 001	Transaction ID : 2b7126bf-2329-42d1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Carl Brent		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Mailing Address 6718 Lake Willow Dr		Amount 11.10
City New Orleans	State LA	Zip Code 70126
Purpose of Expenditure Mileage	Category/ Type 002	Transaction ID : 504379fd-8901-4c05-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		Office Sought: ☐ House District: <u>00</u> ☒ Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	91.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2014

Signature

Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 1103 West Wilson Street		Amount Amount 55.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : d5bc44c9-dad2-4e77-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 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		Amount 298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Full Name of Payee Cathy Longtin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 827 Navavre Ave		Amount 75.00	
City New Orleans	State LA	Zip Code 70124	Transaction ID : f9e74010-242a-46cf-8
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	96.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3195 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Cathy Longtin			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 827 Navavre Ave			Amount 9.90		
City New Orleans	State LA	Zip Code 70124	Transaction ID : 0fea945e-a0c1-49d2-b		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 121 Ohara Dr			Amount 80.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 759bd9e1-2aa9-4a3a-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			89.90		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 1731 Frenchmen St			Amount 60.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : 5a4d6240-e4b8-4c69-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	93.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1731 Frenchmen St		Amount 9.00	
City New Orleans	State LA	Zip Code 70116	Transaction ID : 68a41db1-2659-4120-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Jessica R Resendiz		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 14 / 2014	
Mailing Address 9685 Paula St		Amount 90.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : e3b1b6ea-d379-48d7-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 14 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	99.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3198 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2014		
Mailing Address 9685 Paula St			Amount 16.20		
City Keithville	State LA	Zip Code 71047	Transaction ID : aa7e1c05-cb16-496d-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 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 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 3738 Woodland Ridge Blvd			Amount 40.00		
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 192aaf3a-7146-448c-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			56.20		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3199 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Charleen Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 9.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 5280d5f1-f324-4f8b-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Vanessa E Ecuyer			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 3738 Woodland Ridge Blvd			Amount 40.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : a2983681-e1eb-42d2-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

Full Name of Payee Chelsey Waite		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 3738 Woodland Ridge Blvd		Amount 40.00	
City Baton Rouge	State LA	Zip Code 70816	Transaction ID : 2a24a5af-5f94-4efa-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Beau Autin		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 345 Auroura Ave		Amount 25.00	
City Metairie	State LA	Zip Code 70006	Transaction ID : c6a33ff2-31a6-46ef-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	65.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 5827 Brighton Pl			Amount 20.00		
City New Orleans	State LA	Zip Code 70131	Transaction ID : e391939d-a0b7-4c66-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☒ Senate District: 00 State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	21.29
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3202 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Regina R Mouton			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 5827 Brighton Pl			Amount 6.00		
City New Orleans		State LA	Zip Code 70131		Transaction ID : c70f73fd-3f19-412a-a
Purpose of Expenditure Mileage		Category/ Type 002		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1809 N Woodlawn			Amount 40.00		
City Metairie		State LA	Zip Code 70001		Transaction ID : 513babe1-a143-4d1c-a
Purpose of Expenditure Salary		Category/ Type 001		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3203 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1809 N Woodlawn			Amount 6.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : b56d3c02-d1bd-4913-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1809 N Woodlawn			Amount 40.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : 767113c3-d491-4b2a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3204 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 1809 N Woodlawn			Amount 6.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : 54e6522d-95cd-48b4-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 1809 N Woodlawn			Amount 40.00	
City Metairie	State LA	Zip Code 70001	Transaction ID : f4f85f12-b521-4c08-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.60	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Ms. Emily Buchanan</u>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3205 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1809 N Woodlawn			Amount 6.60	
City Metairie	State LA	Zip Code 70001	Transaction ID : d9b8759d-cf2a-4f8d-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 110 W Pecan St			Amount 50.00	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 8de5bd10-64a8-42e7-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 110 W Pecan St			Amount 34.50	
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 43252cca-381c-4d48-b	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 4177 Lowerline St		Amount 35.00	
City Slidell	State LA	Zip Code 70461	Transaction ID : 165c9fa8-284c-41a7-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	69.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Sandra C Montalbano		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 4177 Lowerline St		Amount 2.40	
City Slidell	State LA	Zip Code 70461	Transaction ID : 445f8410-2cd5-442e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1110 N Coolidge		Amount 80.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : c0087a35-dbe3-491e-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	82.40
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Mary C Lee		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1030 N Coolidge Ave		Amount 80.00	
City Gonzales	State LA	Zip Code 70737	Transaction ID : 55eae716-d4e3-49e6-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....		98.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Ms. Emily Buchanan

[Electronically Filed]

Date 11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3209 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Mary C Lee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1030 N Coolidge Ave			Amount 18.00		
City Gonzales	State LA	Zip Code 70737	Transaction ID : 8aa95a25-a189-46f2-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 50.00		
City Marrero	State LA	Zip Code 70072	Transaction ID : 2555fde9-4cc1-4d28-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			68.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3210 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Joneisha Stewart			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 2329 Runnymede Dr			Amount 4.20		
City Marrero	State LA	Zip Code 70072	Transaction ID : 7649b815-7418-41d5-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Lesley Lennox			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 2305 Cleary Ave			Amount 42.50		
City Metairie	State LA	Zip Code 70001	Transaction ID : 83c6d374-a19c-4b0f-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			46.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Ms. Emily Buchanan			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

Full Name of Payee Lesley Lennox		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2305 Cleary Ave		Amount 3.30	
City Metairie	State LA	Zip Code 70001	Transaction ID : 7a185235-4f59-4032-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Mileage		Category/ Type 002	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 9425 Jessica Drive		Amount 75.00	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 4de92ec6-6323-48b9-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: <u>00</u> State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	298625.67		Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	78.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3212 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 9425 Jessica Drive			Amount 20.40	
City Shreveport	State LA	Zip Code 71106	Transaction ID : a547c547-4615-433f-8	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 2226 Taft Circle Apt 1			Amount 55.00	
City Winchester	State VA	Zip Code 22601	Transaction ID : a85d72d8-863f-4c26-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(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.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3213 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY				
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 4106 Martha St			Amount 80.00	
City Shreveport	State LA	Zip Code 71109	Transaction ID : f44c2e91-9f9a-406b-9	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Felicia A Jones			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 4106 Martha St			Amount 9.60	
City Shreveport	State LA	Zip Code 71109	Transaction ID : 21f39140-1241-4f55-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	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 MM / DD / YYYY 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3214 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Janet Morris		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 620 Old Barbome Rd Lot 2		Amount 25.00	
City West Monroe	State LA	Zip Code 71291	Transaction ID : 5efc9dee-6e26-46f1-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
Full Name of Payee Elvis Spears		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 2150 Hope St		Amount 60.00	
City New Orleans	State LA	Zip Code 70119	Transaction ID : e90a21b3-eb35-4d8f-a Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		85.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Ms. Emily Buchanan		[Electronically Filed]	
Signature		Date 11 / 24 / 2014	

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 07c87a8c-4f40-4335-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	89.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2506 Bolch Street		Amount 52.80	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 9f470618-e7a9-4448-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Lilly Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 205 Medallion Circle		Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 44208a22-e749-4c5d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type	001	
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	132.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3217 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 205 Medallion Circle			Amount 61.80		
City Shreveport	State LA	Zip Code 71119	Transaction ID : 26f963a0-2cc1-43b3-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 121 Ohara Dr			Amount 95.00		
City Salisbury	State NC	Zip Code 28147	Transaction ID : 0566ee75-220b-4bc9-8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			156.80		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3218 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Colton R Overcash			Date of Public Distribution/Dissemination 11 / 15 / 2014	
Mailing Address 121 Ohara Dr			Amount 38.70	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 605d4f53-60b1-4b9f-9 Date of Disbursement or Obligation 11 / 15 / 2014	
Purpose of Expenditure Mileage		Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination 11 / 15 / 2014	
Mailing Address 9685 Paula St			Amount 50.00	
City Keithville	State LA	Zip Code 71047	Transaction ID : 8539f623-9943-4c84-b Date of Disbursement or Obligation 11 / 15 / 2014	
Purpose of Expenditure Salary		Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			88.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date 11 / 24 / 2014	
Signature _____				

Full Name of Payee Jessica R Resendiz			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014		
Mailing Address 9685 Paula St			Amount 12.90		
City Keithville	State LA	Zip Code 71047	Transaction ID : ff88e2d9-8166-4a9b-a		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate District: 00 State: LA Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		298625.67			

Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 605 W Houston St		Amount 80.00	
City Marshall	State TX	Zip Code 75633	Transaction ID : 5f02001e-26ed-408d-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶ <table border="1" data-bbox="1123 1652 1364 1659"> <tr><td data-bbox="1123 1652 1364 1659">92.90</td></tr> </table>	92.90
92.90		
(b) SUBTOTAL of Unitemized Independent Expenditures	▶ <table border="1" data-bbox="1123 1659 1364 1663"> <tr><td data-bbox="1123 1659 1364 1663"></td></tr> </table>	
(c) TOTAL Independent Expenditures.....	▶ <table border="1" data-bbox="1123 1663 1364 1671"> <tr><td data-bbox="1123 1663 1364 1671"></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3220 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Alice K Salazar		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 605 W Houston St		Amount 52.20	
City Marshall	State TX	Zip Code 75633	Transaction ID : 2e79d500-a476-4d90-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Laura U Logie		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 2565 Shire Circle		Amount 40.00	
City Harrisonburg	State VA	Zip Code 22801	Transaction ID : f9f9dcfb-7853-4047-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		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 Signature		[Electronically Filed] Date MM / DD / YYYY 11 / 24 / 2014	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3221 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 25.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 3fb344bf-c237-4b6b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Carla K Pilgreen			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Mailing Address 212 Stonecliff Dr			Amount 6.00	
City West Monro	State LA	Zip Code 71291	Transaction ID : 1240515a-234b-4374-a	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			31.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014	
Signature				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3222 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1103 West Wilson Street		Amount 50.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 3b581b4f-d91c-419b-8	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Michael Vidrine		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1103 West Wilson Street		Amount 32.70		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : ad8b6d75-b59b-4c26-9	
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		82.70		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3223 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 6101 NORA ST		Amount 70.00	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 392a776e-0d4c-43ce-9
Purpose of Expenditure Salary	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 6101 NORA ST		Amount 1.80	
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 250d5d7e-94ed-489d-9
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	71.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3224 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 15 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 80.00		
City New Orleans	State LA	Zip Code 70126	Transaction ID : 10411318-8324-4175-b		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Carl Brent			Date of Public Distribution/Dissemination 11 / 15 / 2014		
Mailing Address 6718 Lake Willow Dr			Amount 11.10		
City New Orleans	State LA	Zip Code 70126	Transaction ID : a8d2f97b-2d97-4f0f-8		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation 11 / 15 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			91.10		
(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 11 / 24 / 2014	

Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 80.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 4a413e91-5aab-4940-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Julia Perry		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 15 / 2014	
Mailing Address 2046 Perrin St Apt C		Amount 100.00	
City Shreveport	State LA	Zip Code 71101	Transaction ID : 1293645c-3ca6-4e8e-9 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(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.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3226 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Julia Perry			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 2046 Perrin St Apt C			Amount 10.50		
City Shreveport	State LA	Zip Code 71101	Transaction ID : f32fa16e-cd23-49b5-b Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia J Christmas			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Mailing Address 1731 Frenchmen St			Amount 60.00		
City New Orleans	State LA	Zip Code 70116	Transaction ID : d3f1921c-9676-4635-9 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			70.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

Full Name of Payee Cynthia J Christmas		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 15 / 2014	
Mailing Address 1731 Frenchmen St		Amount 7.50	
City New Orleans	State LA	Zip Code 70116	Transaction ID : c015a19b-2748-4be9-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 15 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address Split Oak Drive		Amount 47.50	
City charlotte	State NC	Zip Code 28227	Transaction ID : 869b051e-6e25-4616-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	55.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee Amanda Boley		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address Split Oak Drive		Amount 14.22	
City charlotte	State NC	Zip Code 28227	Transaction ID : 31245d6b-a264-438e-b
Purpose of Expenditure Mileage	Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	

Full Name of Payee Patricia F Arnold		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 1117 Clipper Dr		Amount 27.00	
City Slidell	State LA	Zip Code 70458	Transaction ID : b94d1de8-f7ee-4596-8 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate ☐ Other (specify) ►	District: 00 State: LA ☐ Primary ☒ General
Calendar Year-To-Date Per Election for Office Sought	298625.67		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	41.22
(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.

Date _____

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 2506 Bolch Street		Amount 80.00	
City Shreveport	State LA	Zip Code 71104	Transaction ID : e958cd67-2b8c-436a-b Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Salary	Category/ Type 001		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		85.85
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Full Name of Payee Gregory Green		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 2506 Bolch Street		Amount 35.10	
City Shreveport	State LA	Zip Code 71104	Transaction ID : 5be7cb91-98f5-4054-8
Purpose of Expenditure Mileage	Category/ Type	002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Gary W Fuhrmann		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 11 / 16 / 2014	
Mailing Address 9425 Jessica Drive		Amount 62.50	
City Shreveport	State LA	Zip Code 71106	Transaction ID : 4e3cedab-6f4f-4b93-a Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House ☒ Senate ☐ President ☐ Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	97.60
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3231 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Gary W Fuhrmann			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014		
Mailing Address 9425 Jessica Drive			Amount 8.40		
City Shreveport	State LA	Zip Code 71106	Transaction ID : 1c83bbb0-1339-413e-9		
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Cynthia N Schmit			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014		
Mailing Address 2226 Taft Circle Apt 1			Amount 20.00		
City Winchester	State VA	Zip Code 22601	Transaction ID : 2d2447e0-7814-4766-a		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			28.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date MM / DD / YYYY 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 3232 OF 3239
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 20.00		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 674cd461-2f6a-4d6a-b		
Purpose of Expenditure Salary		Category/Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 202 Rue Des Cajun			Amount 14.10		
City Ville Platte	State LA	Zip Code 70586	Transaction ID : 749fc0fb-1444-4ad3-8		
Purpose of Expenditure Mileage		Category/Type 002	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			34.10		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Ms. Emily Buchanan</i>			Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3233 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 205 Medallion Circle			Amount 80.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : 28b3be3b-2981-467d-b	
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Lilly Green			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014	
Mailing Address 205 Medallion Circle			Amount 57.00	
City Shreveport	State LA	Zip Code 71119	Transaction ID : c649096c-65bb-493b-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 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			137.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Ms. Emily Buchanan</i>		[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3234 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 6101 NORA ST			Amount 40.00		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : 85affbbd-b528-41fd-9		
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee ERIC TABARY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 16 / 2014		
Mailing Address 6101 NORA ST			Amount 1.50		
City METAIRIE	State LA	Zip Code 70003	Transaction ID : c30b9bde-912d-414a-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 11 / 16 / 2014		
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: <u>00</u> ☐ President ☒ Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			41.50		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan		[Electronically Filed]	Date M M M / D D D / Y Y Y Y Y Y 11 / 24 / 2014		
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3235 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY	
Full Name of Payee Theresa a Youngblood		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 102 S Main Street Apt A2		Amount 80.00	
City Berryville	State VA	Zip Code 22611	Transaction ID : 186b45e3-a29e-4240-8
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 121 Ohara Dr		Amount 92.00	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 39e0ee57-99a4-4c6f-b
Purpose of Expenditure Salary	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	
Office Sought: ☐ President ☒ Senate		District: 00 State: LA	
Calendar Year-To-Date Per Election for Office Sought 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		172.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of 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 11 / 24 / 2014	

Full Name of Payee Colton R Overcash		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 121 Ohara Dr		Amount 44.40	
City Salisbury	State NC	Zip Code 28147	Transaction ID : 65e9bfd1-2281-4a4a-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Mileage	Category/ Type 002		
Name of Federal Candidate Ms. Mary L Landrieu	☐ Support ☒ Oppose	Office Sought: ☐ President ☒ Senate	District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought	298625.67	Disbursement For: 2014 ☐ Other (specify) ▶	☐ Primary ☒ General

Full Name of Payee Christine Stevens		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014	
Mailing Address 100 Asbury Ct		Amount 30.00	
City Winchester	State VA	Zip Code 22602	Transaction ID : 395e42b8-b82a-4844-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 2014
Purpose of Expenditure Salary		Category/ Type 001	
Name of Federal Candidate Ms. Mary L Landrieu		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		298625.67	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	74.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3237 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Jazmine d Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014
Mailing Address 100 ASBURY CT		Amount 30.00
City WINCHESTER	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : e8e87311-888b-4d4d-a Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

Full Name of Payee Jon E Conner		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 16 / 2014
Mailing Address 100 Asbury Ct		Amount 30.00
City Winchester	State VA	Zip Code 22602
Purpose of Expenditure Salary	Category/Type 001	Transaction ID : a15fadaf-45f2-4457-9 Date of Disbursement or Obligation MM / DD / YYYY 11 / 16 / 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 298625.67		Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Emily Buchanan

[Electronically Filed]

Date

MM / DD / YYYY
11 / 24 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3239 OF 3239
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Rze Culbreath			Date of Public Distribution/Dissemination 11 / 16 / 2014		
Mailing Address 100 Asbury Ct			Amount 30.00		
City Winchester		State VA	Zip Code 22602		Transaction ID : dcdb678b-470a-4418-a
Purpose of Expenditure Salary		Category/Type 001		Date of Disbursement or Obligation 11 / 16 / 2014	
Name of Federal Candidate Ms. Mary L Landrieu			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought 298625.67			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination / /		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation / /
Purpose of Expenditure		Category/Type 			
Name of Federal Candidate			Office Sought: ☐ House District: ☐ President ☐ Senate State:		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 30.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 614142.31					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent 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 11 / 24 / 2014		
[Electronically Filed]					