

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation INDEPENDENT WOMEN'S VOICE		3. FEC Identification Number C C90011115
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1875 I Street NW 5th Floor		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report 24-Hour Notice 48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M / D D / Y Y Y Y

THROUGH

M M / D D / Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

0.00

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Heather R. Higgins

09/11/2011

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee Antietam Communications		Date MM / DD / YYYY 09 / 10 / 2011
Mailing Address 710 East Northway Lane		Amount 2500.00
City Atlanta	State GA	Zip Code 30342

Purpose of Expenditure Script Writing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	7589.75	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special-General</u>

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 09 / 10 / 2011
Mailing Address 1816 Garfield Avenue		Amount 4089.75
City Aurora	State IL	Zip Code 60506

Purpose of Expenditure Phone List Rental	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	4089.75	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special-General</u>

Full Name (Last, First, Middle Initial) of Payee Victory Media Group		Date MM / DD / YYYY 09 / 10 / 2011
Mailing Address 1816 Garfield Avenue		Amount 1000.00
City Aurora	State IL	Zip Code 60506

Purpose of Expenditure Ad Management Fee	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROBERT L TURNER		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	5089.75	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u>Special-General</u>

(a) SUBTOTAL of Itemized Independent Expenditures	7589.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

INDEPENDENT WOMEN'S VOICE

Full Name (Last, First, Middle Initial) of Payee
Victory Media Group

Date

/ /

Mailing Address
1816 Garfield Avenue

Amount

2562.00

City State Zip Code
Aurora IL 60506

Purpose of Expenditure
Automated Calls

Category/
Type

Office Sought: House State: NY
 House Senate District: 09
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
ROBERT L TURNER

Check One: Support Oppose

Calendar Year-To-Date Per Election
for Office Sought 10151.75

Disbursement For: Primary General
 Other (specify) Special-General

(a) **SUBTOTAL** of Itemized Independent Expenditures

2562.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

10151.75