Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayaya
Full Name of Payee	Date of Public Distribution/Dissemination
Josh R Arnold	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1531 N Ridgewood Dr	Amount
City State Zip Code	25.00
Wichita KS 67208	Transaction ID : 1ea24a1b-0521-4d46-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 01 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Greg Orman Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Josh R Arnold	11 01 2014
Mailing Address 1531 N Ridgewood Dr	Amount
City State Zip Code	7.80
Wichita KS 67208	Transaction ID : d3636e89-cef0-4397-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbrace 206128.45	ursement For:
	00.00
(a) SUBTOTAL of Itemized Independent Expenditures	32.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	11 03 2014
Signature	

Schedule E)	VI EXI END	ITOTILO		PAGE 2 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee  Joseph R English				of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amour	11 01 2014 nt
C:to.	Ctoto	7in Code		90.00
City Searcy	State AR	Zip Code 72143		80.00 action ID : d59d51cb-608b-406c-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	2	226127.16	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee Joseph R English				of Public Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4			Amou	11 01 2014 nt
City	State	Zip Code		52.80
Searcy	AR	72143		ction ID: 76a65430-e275-4e85-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 01 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	226127.16	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			132.80
(b) SUBTOTAL of Unitemized Independent Expendent	litures		. —	
				4
(c) TOTAL Independent Expenditures			· [	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	03 2014
Jigitataro				

				FOR SE OF FORM	24/48
	OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUI	MBER ▼
Wor	men Speak Out PAC		С	C00530766	
Check	if 24-hour report 48-hour report New report Ame	ends report filed or	M = M	/ D = D / Y = Y	= Y = Y
	II Name of Payee	С	Date of Publi	ic Distribution/Dissem	ination
	Porthy Meyer		M M M		014
Ма	ailing Address 11707 South African Street	F	Amount		
Cit	ry State Zip Code	—— [			15.00
	lathe KS 66062			ID: 236c4c9e-2ff4-4 ursement or Obligation	8a1-b
	rpose of Expenditure Category/ Type	001	M M 11	/ D D / Y Y	014
Na	me of Federal Candidate	upport Office S	ought:	House District:	00
Ms	- Kara Haman			Senate State:	NO
	Calendar Year-To-Date Per Election for Office Sought	Disburse 2014	ement For: Other (sp		General
	II Name of Payee aurel Littler	[	Date of Publ	ic Distribution/Dissem	
			11		014
Ma	ailing Address 145 Bradford Circle	/	Amount		
Cit	ty State Zip Code				30.00
- 1	layton NC 27527			D: 85297bea-e92b-4 ursement or Obligation	
	alary Category/ Type	001	11		014
Na	ame of Federal Candidate Su	upport Office S	Sought:	House District	00
Ms	s. Kay Hagan	ppose P	resident	Senate State	NC
	Calendar Year-To-Date Per Election for Office Sought  1084824.67		ement For: Other (s	Primary X pecify) ▶	General
(a)	SUBTOTAL of Itemized Independent Expenditures	······ [		45	5.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	······		7	-
(c)	TOTAL Independent Expenditures	······· [	7	7	
with	er penalty of perjury I certify that the independent expenditures reported here, or at the request or suggestion of, any candidate or authorized committee or y committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed]	Date 11	/ 03	2014	
5	Signature				1

PAGE

OF

Schedule E)	II EXI END	TOTILO		PAGE 4 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y H Y H Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Laurel Littler				11 01 2014
Mailing Address 145 Bradford Circle			Amou	nt
City	State	Zip Code		19.65
Clayton	NC	27527		action ID : a0ef7598-91a8-4c1e-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
James A Sears			N	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 305 Averroe Dr			Amou	nt
City	State	Zip Code	— I.	30.00
Apex	NC	27502		ction ID : f370dc84-1106-4ba2-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	1084824.67	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	49.65
(b) SUBTOTAL of Unitermized Independent Expendi	tures			***************************************
(,,				7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9				

Schedule E)		PAGE 5 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		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 Andrea L Hammond		of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln	Amou	11 01 2014
211		40.00
City State Zip Co Neosho MO 64850	Trans	10.00 saction ID : e117a357-63bc-4e26-a of Disbursement or Obligation
Purpose of Expenditure Salary Cate		11 01 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Mr. Mark L Pryor	Oppose Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 226127.	Disbursemer 2014	nt For:
Full Name of Payee Judith A Murphy		of Public Distribution/Dissemination
Mailing Address PO Box 37	Amou	11 01 2014 unt
City State Zip Co	ode	67.50
East Bend NC 27018		action ID : 1d53eaac-7b55-49b8-b of Disbursement or Obligation
Purpose of Expenditure Salary  Cate	gory/ Type 001	11 / 01 / 2014
Name of Federal Candidate	Support Office Sough	ht: House District: 00
Ms. Kay Hagan	Oppose Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	<b></b>	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(c) TOTAL Independent Expenditures	·	
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Formula   1988	iled] Date 11	03 2014
Signature		

Schedule E)	LXI LIID	101120		PAGE 6 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y B Y B Y
Full Name of Payee Judith A Murphy			M	f Public Distribution/Dissemination
Mailing Address PO Box 37			Amoun	11 01 2014 t
City	State	Zip Code		14.30
	NC	27018		action ID: b2f00abe-e3d5-4f88-8  f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 01 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought	10	84824.67	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Claud B Murphy JR			M	f Public Distribution/Dissemination
Mailing Address PO Box 37			Amour	للنبا لنا ك
City	State	Zip Code		77.50
	NC	27018	Transac Date o	ction ID : 9c047112-20b9-4e9f-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				91.80
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			· [	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ago	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 11	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)		PAGE 7 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		O STATE OF
Check if X 24-hour report 48-hour report New I	report Amends report fil	led on M M / D D / Y Y Y Y
Full Name of Payee  Matt Gleb		Date of Public Distribution/Dissemination
		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road		Amount
City State	Zip Code	28.00
Ayden NC	28513	Transaction ID: 37e28554-f247-493d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	1084824.67 Dis	sbursement For: Primary ⊠ General  14 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Matt Gleb		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3815 Robin Road		Amount
City State	Zip Code	10.50
Ayden NC	28513	Transaction ID: 1c871d9d-d32c-4c3d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 014 Other (specify) ▶
(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 expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	tronically Filed] Date	11 03 Y = Y = Y = Y = Y
Signature	_	

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3405 German Shepherd Trail  Amou	unt
City State Zip Code	28.00
Wake Forest NC 27587 Trans	saction ID: 2746c572-d2b9-4135-a of Disbursement or Obligation
Purpose of Expenditure	11 01 7 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For: Primary General  Other (specify)
Full Name of Payee Date	e of Public Distribution/Dissemination
City State Zip Code	4.32
Wake Forest NC 27587 Trans	saction ID: dca39ed0-a52f-4f3d-9 of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan Oppose Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	32.32
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	17171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

Schedule E)	NI EXI END	ITORES		PAGE 9 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kacie Gleb			11 /	01 / 2014
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		28.00
Ayden	NC	28513		D: 4850ef91-cc1c-4c29-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennie Butler			11 /	01 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		26.67
Ayden	NC	28513		: 07da6ef9-759c-4707-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1084824.67	Disbursement For: 2014 Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		·	54.67
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			
(b) SOBTOTAL OF GIMORIEZEG INdependent Experie				
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jennie Butler	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1676 Shady Creek Rd	Amount
	City State Zip Code	6.30
	Ayden NC 28513	Transaction ID : ad023423-4c0d-47b2-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	
		Other (specify)
	Full Name of Payee  Daniel M Qauckenbush	Date of Public Distribution/Dissemination
	Mailing Address 12062 NC 902 Hwy	11 01 2014 Amount
	City State Zip Code	47.50
	Bear Creek NC 27207	Transaction ID : a5e1a4ce-d888-4f89-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ee Sought: House District: 00
		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  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 me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(17)	11 03 2014
	Signature	
_		

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OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC  Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Daniel M Qauckenbush	Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee  Date of Public Distribution/Disser	Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee  Date of Public Distribution/Disser	Y Y Y
Daniel M Qauckenbush	Y Y Y
Daniel M Qauckenbush	
M = M / D = D / Y =	
Mailing Address 12062 NC 902 Hwy Amount	
City State Zip Code	15.00
Bear Creek NC 27207 Transaction ID : 75acdc17-c16a Date of Disbursement or Obligati	-4061-a
Purpose of Expenditure Category/ Cat	2014
Name of Federal Candidate Support Office Sought: House Distric	t: 00
Ms. Kay Hagan  Ms. Kay Hagan  President  Senate State	e: NC
Per Election for Office Sought 1084824.67 2014	General
Uther (specify) ►	
	Y   Y   Y
Mailing Address 209 Hillside Dr  Amount	2014
City State Zip Code	10.00
Baldwin City  KS 66006  Transaction ID: 8f13b609-bf0a-4 Date of Disbursement or Obligat	<b>406-9</b>
Purpose of Expenditure Category/ Cat	2014 Y
Name of Federal Candidate Support Office Sought: House Distric	et: <u>00</u>
Mr. Greg Orman	e:KS
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary ≥ 2014 □ Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	25.00
(b) SUBTOTAL of Unitemized Independent Expenditures	-
(c) TOTAL Independent Expenditures	APA.
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, o with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 03 2014	1
Signature	4

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OF

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	I	FEC I	DENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed		М	/ D D /	Y I Y I Y I Y
T	Full Name of Payee	Date of	f Publ	lic Distribution/	Dissemination
	Jane M Kesinger		11	/ 01 /	2014
	Mailing Address 209 Hillside Dr	Amoun	t		
ŀ	City State Zip Code				1.38
	Baldwin City KS 66006			ID: b6a1c248 oursement or 0	3-596b-4600-a
	Purpose of Expenditure Mileage  Category/ Type  002	M	11	01	2014
ı	Name of Federal Candidate Support Office	Sought:	: [	House	District:00
	Mr. Greg Orman Oppose	Presider	ı	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45  Disbut 2014	rsement		Primary specify) ▶	X General
	Full Name of Payee Kendyl H Browder	M	f Pub	lic Distribution	/Dissemination
	Mailing Address 4429 Lagan Circle	Amoun	-	01	2014
ı	City State Zip Code	Г.			30.00
	Winterville NC 28590			ID: b48efe38- oursement or (	f2f5-413f-a
	Purpose of Expenditure Salary  Category/ Type  001	M	1 1	01	2014
	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	nt	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	General
(	(a) SUBTOTAL of Itemized Independent Expenditures	Ľ.		7	31.38
(	(b) SUBTOTAL of Unitemized Independent Expenditures		-7		
•	(c) TOTAL Independent Expenditures	Ľ.		7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	1 /	03	201	<b>Y Y 4</b>
	Signature				

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			FOR SE OF FORM 24/48
	F COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvom	en Speak Out PAC		C C00530766
Check if	24-hour report 48-hour report New report	ort Amends report file	d on M = M / D = D / Y = Y = Y
Full	Name of Payee		Date of Public Distribution/Dissemination
	ndyl H Browder		11 01 2014
Maili	ng Address 4429 Lagan Circle		Amount
City	State	Zip Code	12.60
	terville NC	28590	Transaction ID : 54c8891e-28fb-4410-8 Date of Disbursement or Obligation
Purp Mile	ose of Expenditure age	Category/ Type 002	11 01 2014
Nam	e of Federal Candidate	Support Office	ce Sought: House District: 00
Ms.	Kay Hagan	X Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	Disk 084824.67 2014	oursement For: Primary X General  Other (specify) ▶
	Name of Payee rey S McKnight	<u> </u>	Date of Public Distribution/Dissemination
Mail	ng Address 1510 Bailey St		11 01 2014 Amount
City	State	Zip Code	70.00
	st Monroe LA	71292	Transaction ID : 7b194188-3eb5-4510-9 Date of Disbursement or Obligation
Purp Sala	ose of Expenditure ary	Category/ Type 001	11 01 2014
Nam	e of Federal Candidate	Support Office	ce Sought: House District: 00
Ms.	Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought	228584.65 Dist 201	oursement For:  Primary  General  4  Other (specify) ▶
(a) S	UBTOTAL of Itemized Independent Expenditures	·····	82.60
(b) S	UBTOTAL of Unitemized Independent Expenditures	·····	
(c) T	OTAL Independent Expenditures	······	
with,	penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
		<i>ically Filed]</i> □ Date	11 03 2014
Się	gnature		

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oblicatio E)	FOR SE OF FORM 24/48				
IAME OF COMMITTEE (In Full)    Moment Charles Out DAC					
Women Speak Out PAC	C C00530766				
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee Date	e of Public Distribution/Dissemination				
Diane Smith	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4006 Wolkswalk Place Amo	punt				
City State Zip Code	43.00				
Raleigh NC 27610 Tran	nsaction ID: e232beb8-a475-4405-b e of Disbursement or Obligation				
Purpose of Expenditure Salary  Category/ Type  001	11 01 2014				
Name of Federal Candidate Support Office Soug	ght: House District: 00				
Ms. Kay Hagan President	ident State: NC				
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary ⊠ General  Other (specify) ▶				
Full Name of Payee Date	e of Public Distribution/Dissemination				
Diane Smith	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4006 Wolkswalk Place Amo	ount				
City State Zip Code	9.60				
	saction ID: 49ed625a-0013-4b2e-9 e of Disbursement or Obligation				
Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014				
Name of Federal Candidate Support Office Sou	ght: House District: 00				
Ms. Kay Hagan Oppose Presi	ident State: NC				
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:				
(a) SUBTOTAL of Itemized Independent Expenditures	52.60				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					

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OF

Sche	edule E)	II EXI EILD			PAGE 15 OF 133 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC  C C00530766					
 Check	if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	*M / D * D / Y * Y * Y
	Ill Name of Payee			Date of	of Public Distribution/Dissemination
	Stephanie E Hardy			М	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 3039 Four Way Rd			Amou	nt
Ci	itv	State	Zip Code		20.00
	Snow Hill	NC	28580		action ID: 71e597ed-36d9-4380-9 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		11 01 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District: 00
М	1s. Kay Hagan		Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursemen 2014 O	t For: Primary ⊠ General
	ull Name of Payee				of Public Distribution/Dissemination
	Camille N Yearry			IV	11 01 / Y Y Y Y Y
M	lailing Address 2025 NE 67th St			L	11 01 2014
	2020 INE OF AT OF			Amou	nt
Ci	ity	State	Zip Code		50.00
	Gladstone	МО	64118		ction ID : c8588ea5-8b2d-4307-b of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	N	11 01 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
N	fr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	7	226127.16	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditure	es		· -	70.00
(b)	SUBTOTAL of Unitemized Independent Expendi	tures		•	7 1 7 1 7
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	der penalty of perjury I certify that the independent, or at the request or suggestion of, any candidaty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	M M /	03 2014
-	Signature				

Women Speak Out PAC    Coopside	BER ▼
Check if 24-hour report 48-hour report New report Amends report filed on Check if 24-hour report Chec	
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee Camille N Yearry  Mailing Address 2025 NE 67th St  City State Zip Code Gladstone  MO 64118  Amends report filed on  Date of Public Distribution/Dissemina  Amount  Transaction ID : 1d8fa5c0-3b39-4d2	
Camille N Yearry  Mailing Address 2025 NE 67th St  City State Zip Code Gladstone MO 64118  Transaction ID: 1d8fa5c0-3b39-4d2	Y Y
Mailing Address 2025 NE 67th St	ation
City         State         Zip Code         2           Gladstone         MO         64118         Transaction ID : 1d8fa5c0-3b39-4d2	
Gladstone MO 64118 <b>Transaction ID : 1d8fa5c0-3b39-4d2</b>	
Gladstone MO 64118 <b>Transaction ID : 1d8fa5c0-3b39-4d2</b>	3.16
■ Light of Lightisement or Civilination	
Purpose of Expenditure Mileage  Category/ Type  O02  M M M / D D / Y Y Y OUT  11 O1 201	
Name of Federal Candidate Support Office Sought: House District:	00
Ma Mark I Davis	AR
000407.40	ieneral
Per Election for Office Sought 226127.16 Cher (specify) ▶	
Full Name of Payee  Linda J Fueling  Date of Public Distribution/Dissemina	ation
Mailing Address 6424 Purple Martin Ct  Amount	4
City State Zip Code 23	.00
Wilmington NC 28411 Transaction ID : bba743d9-67e0-443 Date of Disbursement or Obligation	
Purpose of Expenditure Salary  Category/ Type  O01  Typ	
Name of Federal Candidate Support Office Sought: House District: _	00
Ms. Kay Hagan	NC
Calendar Year-To-Date Per Election for Office Sought  1084824.67  Disbursement For: □ Primary ▼ G 2014  Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures	6
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a porparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 03 2014	
Signature	

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OF

			FOR SE OF FORM 24/48
	F COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvom	en Speak Out PAC		C C00530766
Check if	24-hour report 48-hour report New report	ort Amends report fil	ed on Mam / Dab / Yayayay
	Name of Payee		Date of Public Distribution/Dissemination
	da J Fueling		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	ng Address 6424 Purple Martin Ct		Amount
City	State	Zip Code	8.58
	nington NC	28411	Transaction ID : d6f77601-9d2e-48de-8 Date of Disbursement or Obligation
Purp Mile	ose of Expenditure age	Category/ Type 002	11 01 2014
Nam	e of Federal Candidate	Support Of	fice Sought: House District: 00
Ms.	Kay Hagan	Oppose [	President State: NC
	Calendar Year-To-Date Per Election for Office Sought	B4824.67 Di	sbursement For: Primary
	Name of Payee ather A Smith	<u>'</u>	Date of Public Distribution/Dissemination
Maili	ng Address 995 Clairborne Rd		11 01 2014
			Amount
City	State	Zip Code	30.00
	noun LA	71225	Transaction ID: 1efb11d3-b58a-42ff-8 Date of Disbursement or Obligation
Purp Sala	ose of Expenditure ary	Category/ Type 001	M 11
Nam	e of Federal Candidate	Support Of	fice Sought: House District: 00
Ms.	Mary L Landrieu	Oppose [	President State: LA
	Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) S	JBTOTAL of Itemized Independent Expenditures	·····	38.58
(b) S	JBTOTAL of Unitemized Independent Expenditures	······	
(c) T	OTAL Independent Expenditures	······	
with, o	penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electroni	cally Filed] Date	11 03 2014
Siç	nature	-	

PAGE

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	Tieddie E)	FOR SE OF FORM 24/48				
	AME OF COMMITTEE (In Full)  Aleman Specific Out DAC					
۷۷	omen Speak Out PAC	C C00530766				
Che	eck if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed	on Mam / Dab / Yayayay				
Т	Full Name of Payee	Date of Public Distribution/Dissemination				
	Heather A Smith	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Mailing Address 995 Clairborne Rd	Amount				
ŀ	City State Zip Code	14.40				
	Calhoun LA 71225	Transaction ID: 9ce82762-7304-4872-b Date of Disbursement or Obligation				
	Purpose of Expenditure Mileage  Category/ Type  O02	11 01 / 2014				
ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00				
	Ms. Mary L Landrieu Oppose	President State: LA				
	Calendar Year-To-Date Per Election for Office Sought  Disbut	ursement For: Primary X General  Other (specify) ▶				
ŀ	Full Name of Payee  Joanna Kindstedt	Date of Public Distribution/Dissemination				
-	Mailing Address	11 01 2014				
	Walling Address 2134 Tobaccoville Rd	Amount				
ľ	City State Zip Code	40.80				
	Rural Hall NC 27045	Transaction ID: 69b132cc-b40e-4d6a-9 Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type  001	11 01 2014				
ŀ	Name of Federal Candidate Support Offic	e Sought: House District:00				
		President State: NC				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:				
(	a) SUBTOTAL of Itemized Independent Expenditures	55.20				
(	b) SUBTOTAL of Unitemized Independent Expenditures					
(	c) TOTAL Independent Expenditures					
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date	11 03 2014				
	Signature					
-						

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OF

Schedule E)	TI EXI END	TI OTILO		PAGE 19 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			EE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC  C c00530766				
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee James Kindstedt			Date of F	Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			11 Amount	
City	State	Zip Code		40.80
Winston Salem	NC	27105		ion ID : f3077b16-b09b-4842-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	084824.67	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee  James Kindstedt			Date of F	
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		9.66
Winston Salem	NC	27105		on ID: 87c9d62d-7d8a-4fa7-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	res			50.46
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>-</b>	
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date		03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	INT EXTEND	TTOTILO		PAGE 20 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)  MARGON COMMITTEE (In Full)  MARGON COMMITTEE (In Full)				
Women Speak Out PAC  C C00530766				
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee			Date of Public	Distribution/Dissemination
Marsha Barnell			M M /	01 / 2014
Mailing Address 3847 SW Atwood Terrace			Amount	
City	State	Zip Code		15.00
Topeka	KS	66610		D: 3a40b8c7-4445-49b6-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose		Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination
Marsha Barnell			11 /	01 / 2014
Mailing Address 3847 SW Atwood Terrace			Amount	
City	State	Zip Code		6.00
Торека	KS	66610		D: 51c04d38-0a4d-4605-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11 /	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			21.00
(4) 302 10 112 01 11011120 111000011 2.1.poi.ta			7	21.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>)</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	1 4 1 4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014
-				

Schedule E)	ATOTILO	PAGE 21 OF 133 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC C C00530766				
Check if X 24-hour report 48-hour report New rep	port Amends report fi	led on Mam / Dab / Yayayay		
Full Name of Payee Susan K Hamby		Date of Public Distribution/Dissemination		
Mailing Address 202 Violet St		11 01 2014  Amount		
City State	Zip Code	50.00		
West Monroe LA	71292	Transaction ID : c665c36b-0dd8-4c0a-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary	Category/ Type 001	11 01 / 2014		
Name of Federal Candidate	Support Of	fice Sought: House District: 00		
Ms. Mary L Landrieu	Oppose [	President Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General  14 Other (specify) ▶		
Full Name of Payee		Date of Public Distribution/Dissemination		
Leona Martin		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 9901 Floyd St		2014		
		Amount		
City State	Zip Code	50.00		
Overland Park KS	66212	Transaction ID: e0aaada4-2828-4a40-a Date of Disbursement or Obligation		
Purpose of Expenditure Salary	Category/ Type 001	11		
Name of Federal Candidate	Support O	ffice Sought: House District: 00		
Mr. Greg Orman	Oppose [	President Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary		
(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 with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.				
	nically Filed] Date	11 03 2014		
Signature				

PAGE 22 OF 133 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766			
Check if $\times$ 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee			Date of	Public Distribution/Dissemination
Leona Martin				1 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9901 Floyd St			Amount	
City	State	Zip Code		11.10
Overland Park	KS	66212		ction ID : 901f7bb2-00a1-48a7-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	Presider	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	206128.45	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Eva M Johnston				11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2517 N 47th St			Amoun	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code		35.00
Milwaukee	WI	53210		tion ID : 4b1b8c4f-4f87-447e-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		1 01 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	206128.45	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			46.10
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	4 4 4
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	03 2014
Oignature				

PAGE 23 OF 133 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)  MARGON OF COMMITTEE (In Full)  MARGON OF COMMITTEE (In Full)					
Women Speak Out PAC					
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Zachary R McCleese			M = M /	Distribution/Dissemination	
Mailing Address 323 Rolling Pines Dr			Amount	01 2014	
City	State	Zip Code		80.00	
Spring Lake	NC	28390		D: 914ab9cb-c32f-4e96-a rsement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	M M /	01 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President >		
Calendar Year-To-Date Per Election for Office Sought	, , , , , ,	226127.16	Disbursement For: 2014 Other (spe	Primary	
Full Name of Payee Zachary R McCleese			M = M /	Distribution/Dissemination	
Mailing Address 323 Rolling Pines Dr			Amount	01 2014	
City	State	Zip Code		30.60	
Spring Lake	NC	28390		: 384c9595-b0f7-48f6-8 rsement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11 /	01 / 2014	
Name of Federal Candidate		Support	Office Sought:	House District: 00	
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		226127.16	Disbursement For: 2014 Other (spe	Primary X General	
(a) SUBTOTAL of Itemized Independent Exp	enditures		<b>•</b>	110.60	
(b) SUBTOTAL of Unitemized Independent Expenditures					
			7	4	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014	
C.griataro					

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if X 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	Date of Public Distribution/Dissemination
	Christopher L Brazil	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5560 Dogwood Dr	Amount
ŀ	City State Zip Code	31.50
	Winston Salem NC 27105	Transaction ID : 111ce467-bf98-4084-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	Full Name of Payee Christopher L Brazil	Date of Public Distribution/Dissemination  11 01 2014
	Mailing Address 5560 Dogwood Dr	Amount
ı	City State Zip Code	3.90
	Winston Salem NC 27105	Transaction ID: eac81295-568f-47b5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 / 2014
١	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	35.40
	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Bate	1 03 2014
	Signature	

PAGE

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Schedule E)	INT EXICID	TTOTILO		PAGE 25 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Kirsten E McKinney			M	
Mailing Address 1419 S Highbush Ave			Amount	01 2014
City	State	Zin Codo		12.50
Fayetteville	AR	Zip Code 72701		ion ID : 0ea65dab-391b-4350-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	W / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	226127.16	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee Kirsten E McKinney			Date of F	
Mailing Address 1419 S Highbush Ave			Amount	01 2014
City	State	Zip Code		4.50
Fayetteville	AR	72701		on ID : 860284cf-7dc0-4941-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	226127.16	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>•</b>	17.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			
				7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candrage party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		03 / 2014
- 3				

Schedule E)	INI EXI END	ITOTILO		PAGE 26 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	f Public Distribution/Dissemination
Carmen Maddrey				11 01 / 2014
Mailing Address 2043 Nottingham Ln			Amoun	t
City	State	Zip Code		35.00
Burlington	NC	27215		ction ID : fc38e57f-025c-4902-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Carmen Maddrey				11 01 2014
Mailing Address 2043 Nottingham Ln			Amoun	ıt
City	State	Zip Code		2.40
Burlington	NC	27215		ction ID: 639e66ab-ac48-46cb-a f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			37.40
			, L	7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indeperment, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	111	03 / 2014
<b>V</b>				

Schedule E)	INT EXI END	TOTILO		PAGE 27 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M / D D / Y B Y B Y B Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Janet Morris				11 01 2014
Mailing Address 620 Old Barbome Rd Lot 2			Amou	nt
City	State	Zip Code	$-\Gamma$	70.00
West Monroe	LA	71291		action ID : e1339759-8ab7-4230-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursemen 2014 O	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Janet Morris			IV	11 01 7 2014
Mailing Address 620 Old Barbome Rd Lot 2			Amou	nt
City	State	Zip Code		8.40
West Monroe	LA	71291		ction ID : 5b547ae3-fcae-40c8-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	TV	11 / 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			78.40
(b) SUBTOTAL of Uniternized Independent Exper	ditures		. —	
(b) SOBIOTAL OF OFFICE INDEPENDENT Exper	ultures		• -	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or it	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	03 / 2014
-				

ooneduic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Elvis Spears	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2150 Hope St	nount
City State Zip Code	60.00
New Orleans LA 70119 Tra	ansaction ID : 684a499f-27e4-4ad4-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 228584.65  Disbursen	nent For:
Full Name of Payee Da Elvis Spears	ate of Public Distribution/Dissemination
	11 01 Y Y Y Y Y Y
Mailing Address 2150 Hope St	nount
City State Zip Code	10.50
New Orleans LA 70119 Trai	nsaction ID : 16f5a068-38e3-4e9b-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
Name of Federal Candidate Support Office So	ught: House District: 00
	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 228584.65	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	70.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

Schedule E	)		1101120		PAGE 29 OF 133 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if $igwedge$ 2	4-hour report 48-hour report	New rep	port Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name Joseph	of Payee R Rys				of Public Distribution/Dissemination
Mailing Add	lress 160 #50 Pompano Dr			Amou	11 01 2014 nt
City		State	Zip Code	—	75.00
New Bern		NC	28560		action ID : 6c717f1f-6c12-469b-8 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		11 01 2014
Name of Fe	ederal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Ha	agan		Oppose	Preside	ent Senate State: NC
	dar Year-To-Date ection for Office Sought	10	084824.67	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name Joseph					of Public Distribution/Dissemination
Mailing Add	dress 160 #50 Pompano Dr			Amou	للنبا لنا لل
City		State	Zip Code		12.84
New Bern		NC	28560		action ID : c40f5a90-c6ea-4b55-b of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		11 01 / 2014
Name of F	ederal Candidate		Support	Office Sough	nt: House District:00
Ms. Kay Ha	agan		Oppose	Preside	
	dar Year-To-Date ection for Office Sought	7 7	1084824.67	Disbursemen 2014	nt For:  Primary
(a) SUBTO	AL of Itemized Independent Expendit	ures		•	87.84
(b) SUBTOT	AL of Unitemized Independent Exper	nditures			
(c) TOTAL	ndependent Expenditures			· ·	7 1 7 1 7
with, or at th	ty of perjury I certify that the indeper te request or suggestion of, any cand ttee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	03 2014
Signature					

Schedule E)	VI EXI END	TTOTILO		PAGE 30 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Patrice Wolfe			1	
Mailing Address 9909 Treasure Hill Rd			Amount	
City	State	Zip Code		30.00
Little Rock	AR	72205		ction ID: d4f345b5-20b4-464c-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		226127.16	Disbursement I	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Patrice Wolfe			1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount	
City	State	Zip Code		15.00
Little Rock	AR	72205		tion ID: d49bc57c-8038-4729-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7	226127.16	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			45.00
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	4 1 4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		03 2014
•				

Schedule E)	I EXI END	TONES		PAGE 31 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Edmond D Rea			Date of	Public Distribution/Dissemination
Mailing Address 416 Vine Dr			1 Amount	1 01 2014
			Amount	
City	State	Zip Code		75.00
Lawrence	KS	66049		ction ID: 06ce0ce7-4d01-4237-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	206128.45	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Edmond D Rea			1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 416 Vine Dr			Amount	
City	State	Zip Code		15.30
Lawrence	KS	66049		tion ID : 28cfea5d-9dfe-48fc-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	206128.45	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	25		, , , , ,	90.30
(a) COLICE OF NOTINE OF MARKET PARTIES				7
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· .	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 2014
Signaturo				

Schedule E)	TUNES	PAGE 32 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if X 24-hour report 48-hour report New report	ort Amends report f	filed on Man / Dab / Yayayay
Full Name of Payee Cecilla A Rebrick		Date of Public Distribution/Dissemination
Mailing Address 5003 Allison Lane		11
City. Chata	7in Code	40.00
City State Ft. Smith AR	Zip Code 72901	Transaction ID : 5175afd8-9ac7-46a1-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  11 01 2014
Name of Federal Candidate	Support C	office Sought: House District: 00
Mr. Mark L Pryor	Support C  Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary X General  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Cecilla A Rébrick		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5003 Allison Lane		Amount
City State	Zip Code	1.50
Ft. Smith AR	72901	Transaction ID : 11dfcf92-75c6-4163-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 01 / 2014
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 0.014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		41.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
	,	7 7 7
(c) TOTAL Independent Expenditures	)	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	'	

Schedule E)		101120		PAGE 33 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Aleksandra B Padua			M	f Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr			Amoun	11 01 2014 It
City	State	Zip Code		60.00
Cary	NC	27519		action ID: 031200d7-db18-4503-9  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 01 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 10	84824.67	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name of Payee Aleksandra B Padua			M	f Public Distribution/Dissemination
Mailing Address 110 Bridge gate Dr			Amour	11 01 2014 nt
City	State	Zip Code		10.23
Cary	NC	27519		ction ID : 7cfd64b1-4b14-47e0-9 If Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	1084824.67	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	70.23
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Date	11 /	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Charleen Ecuyer	11 01 2014
	Mailing Address 3738 Woodland Ridge Blvd	Amount
	City State Zip Code	82.50
	Baton Rouge LA 70816	Transaction ID : 293e094e-724b-4e93-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	000504.05	ursement For: Primary X General
	Per Election for Office Sought 228584.65 2014	Other (specify) ▶
	Full Name of Payee Charleen Ecuyer	Date of Public Distribution/Dissemination
	Mailing Address 3738 Woodland Ridge Blvd	11 01 2014 Amount
	City State Zip Code  Baton Rouge LA 70816	18.00 Transaction ID : 8b931e94-9f00-4805-8
	Purnose of Expanditure	Date of Disbursement or Obligation
	Mileage Category/ Type 002	11 01 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 228584.65	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	100.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	1171171171
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77) ( * 11 77) 11	11 03 2014
	Signature	

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OF

Schedule E)	T EXTEND	TOTILO		PAGE 35 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y B Y B Y
Full Name of Payee Avery Rodriguez				f Public Distribution/Dissemination
Mailing Address 11 Cooper Lane				11 01 2014
			Amour	
City	State	Zip Code		139.00
Conway	AR	72034		action ID: 65b4b562-c7c0-422e-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 01 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , 2	26127.16	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Avery Rodriguez				11 01 / 2014
Mailing Address 11 Cooper Lane			Amour	nt
City	State	Zip Code		50.10
Conway	AR	72034		ction ID : 9a9eddaf-c350-476d-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	226127.16	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	98			189.10
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	M = M /	03 2014
olyllatule				

Schedule E)	TI EXI END	TOTILO		PAGE 36 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Chelsey Waite			M = M /	Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd			Amount	01 2014
City	State	Zip Code		82.50
Baton Rouge	LA	70816		O: cb7c20f0-390d-46c7-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	28584.65	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Chelsey Waite	_			Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd			11 /	01 2014
5750 Woodiand Nage Biva			Amount	
City	State	Zip Code		82.50
Baton Rouge Purpose of Expenditure	LA	70816		: 7a2b09cc-da19-446a-9 rsement or Obligation
Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	228584.65	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			165.00
(b) SUBTOTAL of Unitemized Independent Expend	itures			
,,			4	4
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014
5.g/\ddis				

Schedule E)		101120		PAGE 37 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Vanessa E Ecuyer			M	Public Distribution/Dissemination
Mailing Address 3738 Woodland Ridge Blvd			Amoun	11 01 2014 t
City	State	Zip Code		82.50
Baton Rouge	LA	70816		ction ID: 4dbd8d1a-2238-403a-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		28584.65	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Jackson S Tuttle				11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 404 Chancery Park Ct			Amoun	t
City	State	Zip Code		65.00
Kernersville	NC	27284		ction ID : dcd4b6eb-4ec1-4463-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11  / 01  / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1084824.67	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure:	s			147.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			· .	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	II LAFLIND	ITONES		PAGE 38 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jackson S Tuttle			M = M	
Mailing Address 404 Chancery Park Ct			Amount	01 2014
City	State	Zip Code		10.50
Kernersville	NC	27284		on ID: b07f919d-48d7-4508-8 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Michael A Stieben			11	01 / 2014
Mailing Address 16864 Stillwell			Amount	
City	State	Zip Code		50.00
Bonner Springs	KS	66012		n ID: 776267a9-53ff-40c8-9 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	206128.45	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditure	es			60.50
#X				7
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014
-				

	,			FOR SE OF FORM 24/48
	COMMITTEE (In Full)		ı	FEC IDENTIFICATION NUMBER ▼
vvome	n Speak Out PAC			C C00530766
Check if	24-hour report 48-hour report New report	Amends repor		M / D D / Y Y Y Y Y
	ame of Payee		Date of	f Public Distribution/Dissemination
	nael A Stieben			11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address 16864 Stillwell		Amoun	t
City	State Zip	Code		22.80
Bonn	er Springs KS 660	012		ction ID : 9e934ee9-4ccb-4414-8 f Disbursement or Obligation
Purpo Milea	se of Expenditure ge	Category/ Type 002	M	11 01 7 2014
Name	of Federal Candidate	Support	Office Sought:	House District: 00
Mr. G	reg Orman	X Oppose	Presider	
	alendar Year-To-Date er Election for Office Sought	128.45	Disbursement 2014 Oth	For: Primary
	ame of Payee J Smith		Date o	f Public Distribution/Dissemination
Mailin	g Address 4967 Dysartville		Amoun	11 01 2014 It
City	State Zip	o Code		70.00
1	·	3655		tion ID : 2acfde44-f62e-4a26-b f Disbursement or Obligation
Purpo Salar	se of Expenditure y	Category/ 001	М	11 01 2014
Name	of Federal Candidate	Support	Office Sought	: House District: 00
Ms. K	ay Hagan	X Oppose	Preside	nt Senate State: NC
	calendar Year-To-Date er Election for Office Sought	084824.67	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SU	STOTAL of Itemized Independent Expenditures		<b>.</b>	92.80
(b) SU	STOTAL of Unitemized Independent Expenditures		<b>.</b>	7 7
(c) TO	FAL Independent Expenditures		·	7
with, or	penalty of perjury I certify that the independent expenditures rep at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronical]	ly Filed] Date	M M /	03 / 2014
Sigr	ature			

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 40 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Jennifer E Smith			1	1 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		70.00
Morganton	NC	28655		ction ID: 69766968-bacb-49f2-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	1 01 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, 10	084824.67	Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Jennifer E Smith				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount	
City	State	Zip Code		9.30
Morganton	NC	28655		tion ID : 42e261a8-0e63-4c65-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 7	1084824.67	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	'es			79.30
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		· • [	4 4
(c) TOTAL Independent Expenditures			· •	4 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 / 2014
- 9				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeffrey S Hauge	M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 01 2014
	Mailing Address 211 N Ashley Park	Amount
	City State Zip Code	25.00
	Wichita KS 67212	Transaction ID : 695317f6-c434-4c14-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	rsement For:  Primary
	Full Name of Payee	
	Jeffrey S Hauge	Date of Public Distribution/Dissemination  11 01 2014
	Mailing Address 211 N Ashley Park	Amount
	City State Zip Code	6.00
	Wichita KS 67212	Transaction ID : cce4ada3-d01a-4729-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	31.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	1141141141
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 42 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jeanne Tribou			М	11 01 2014
Mailing Address 22369 Ponderosa Dr.			Amour	nt
City	State	Zip Code		60.00
Mandeville	LA	70471		action ID : dd7defcf-29ef-4086-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 01 / 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	2	228584.65	Disbursement 2014 Ot	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jeanne Tribou			M	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amou	nt
City	State	Zip Code		14.40
Mandeville	LA	70471		ction ID: 787617e1-0304-4735-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 01 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	228584.65	Disbursement 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			74.40
(b) SUBTOTAL of Unitemized Independent Expend	litures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	03 2014

Harrisonburg  VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Support  Mr. Greg Orman  VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Office Sought: House District:  Oppose  President  Senate State:	ation 4 0.00 D-a
Check if  24-hour report  48-hour report  New report  Amends report filed on  Date of Public Distribution/Dissemina	0.00 D-a 4 00 KS
Check if  24-hour report  48-hour report  New report  Amends report filed on  Full Name of Payee	0.00 D-a 4 00 KS
Laura U Logie  Mailing Address 2565 Shire Circle  City State Zip Code Harrisonburg VA 22801  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Greg Orman  M M / D / 2014  Amount  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Date of Disbursement or Obligation  Office Sought: House District:  Mr. Greg Orman  M M M / D 0 / 2014  Amount  Office Sought: House District:  Oppose President X Senate State:	0.00 D-a 4 00 KS
Mailing Address 2565 Shire Circle  City State Zip Code Harrisonburg VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Mr. Greg Orman  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Mr. Greg Orman  Support Office Sought: House District:	0.00 o-a 4 00 KS
City State Zip Code  Harrisonburg VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Support Office Sought: House District:	00 KS
Harrisonburg  VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  001  Name of Federal Candidate  Support  Mr. Greg Orman  VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Office Sought: House District:  Yoppose  President  Senate State:	00 KS
Harrisonburg  VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  001  Name of Federal Candidate  Support  Mr. Greg Orman  VA 22801  Transaction ID: f97b4f45-22c2-40fb Date of Disbursement or Obligation  Office Sought: House District:  Yoppose  President  Senate State:	00 KS
Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Mr. Greg Orman  Category/ Type 001  Support  Office Sought:  House District:  Y Y Y 2014  No President  Senate State:	00 KS
Mr. Greg Orman  Support Office Sought: House District:  Oppose President Senate State:	KS
Mr. Greg Orman  Oppose  President  Senate  State:	
Calendar Vear-To-Date  Dishursement For:  Primary  G6	eneral
000400 45	
Per Election for Office Sought 206128.45 Other (specify) ▶	
Full Name of Payee Felicia A Jones  Date of Public Distribution/Dissemina	ation
Mailing Address 4106 Martha St  Amount	4
City State Zip Code 80.	.00
Shreveport LA 71109 Transaction ID: 02adf4d0-710b-47af Date of Disbursement or Obligation	f <b>-b</b>
Purpose of Expenditure Salary  Category/ Type  O01  Typ	
Name of Federal Candidate Support Office Sought: House District:	00
	LA
Calendar Year-To-Date Per Election for Office Sought  228584.65  Disbursement For: □ Primary ▼ Grade Sought □ Other (specify) ▶ □ Other (specify) ▶ □ □ Other (specify) ▶ □ □ Other (specify) ■ □ Other (spec	ieneral
(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 03 2014	
Signature	

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OF

Schedule E)	INT EXTEND	ITORES		PAGE 44 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Felicia A Jones			11	01 / 2014
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		9.90
Shreveport	LA	71109		ID: 3c0f7b35-2c9f-4009-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		228584.65	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Lee R Carter			M M M 11	01 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		30.00
Raleigh	NC	27604		D: 8de2c473-287b-49f9-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	tures			39.90
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014
-				

Schedule E)	INT EXI END	TIONES	<u> </u>	PAGE 45 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	:00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Lee R Carter			M M /	01 / 2014
Mailing Address 3110 Brentwood Rd			Amount	
City	State	Zip Code		6.60
Raleigh	NC	27604		: 55cb3e8b-2ab7-4736-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	084824.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gary W Fuhrmann			11	01 / 2014
Mailing Address 9425 Jessica Drive			Amount	
City	State	Zip Code		62.50
Shreveport	LA	71106		: 0328df31-8868-4b9b-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	228584.65	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			69.10
(b) SUBTOTAL of Uniternized Independent Exper	dituros			
(b) SOBTOTAL OF Officernized independent Exper	iditules		•	
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014
=				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0 00000700
Check if 24-hour report 48-hour report New report Amends rep	port filed on MMM / DBD / YBY YBY
Full Name of Payee	Date of Public Distribution/Dissemination
Gary W Fuhrmann	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9425 Jessica Drive	Amount
City State Zip Code	9.30
Shreveport LA 71106	Transaction ID: d7d039a5-8708-42a9-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  228584.65	Disbursement For:
Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
Alloe N Salazai	11 01 Y Y Y Y Y Y
Mailing Address 605 W Houston St	Amount
City State Zip Code	100.00
Marshall TX 75633	Transaction ID: 66c2aaa8-d67f-4519-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 228584.65	Disbursement For:
•	
(a) SUBTOTAL of Itemized Independent Expenditures	109.30
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Da  Signature	te 11 03 2014
Oignature	

Schedule E)	VI EXI END	ITOTILO		PAGE 47 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/
Full Name of Payee			Date of F	Public Distribution/Dissemination
Alice K Salazar			M 11	
Mailing Address 605 W Houston St			Amount	
City	State	Zip Code		67.20
Marshall	TX	75633		ion ID : 1f46841a-d852-4dd9-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	228584.65	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Mattie Harris			M 11	
Mailing Address 3654 Tara St			Amount	
City	State	Zip Code		60.00
springdale	AR	72762		on ID : 76e374c8-20e8-4ccd-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7	226127.16	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	res			127.20
( <b>L) COLUMN</b> S. NONIESS MESSPONSIN <b>E</b> ARPONNIN				7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	49- 1 49- 1 49-
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 2014
=				

Schedule E)	I EXI END	TOTILO		PAGE 48 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y H Y H Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mattie Harris			M	11 01 2014
Mailing Address 3654 Tara St			Amou	nt
City	State	Zip Code		5.10
springdale	AR	72762		action ID: 546948a6-63b1-4a94-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	11 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		26127.16	Disbursement 2014 O	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Carol L Walters			M	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1900 Glen West Way			Amou	nt
City	State	Zip Code	— I	80.00
Fort Smith	AR	72916		ction ID: a16c2042-1606-47d7-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	IM	11 01 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	226127.16	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	ae.			85.10
(a) COBTOTAL OF HOMEZON MAGPORAGIN EXPONENTIAL				7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / m	03 2014
Signature				

NAME OF COMMITTEE (In Full)	
14/ O 1 O DAO	FICATION NUMBER ▼
Women Speak Out PAC C C0053	30766
Check if X 24-hour report 48-hour report New report Amends report filed on	D / Y = Y = Y
	ribution/Dissemination
11 0	2014
Mailing Address 1900 Glen West Way  Amount	
City State Zip Code	23.10
	d2a21f7-26cc-4074-8 ent or Obligation
Purpose of Expenditure Category/	01 2014
Name of Federal Candidate Support Office Sought: Ho	ouse District: 00
Mr. Mark L Pryor	nate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For:  1	Primary Seneral
	ribution/Dissemination
	01 2014
Mailing Address 8822 Apple St  Amount	
City State Zip Code	60.00
New Orleans LA 70188 Transaction ID : 1c9 Date of Disbursement	
	01 / 2014
Name of Federal Candidate Support Office Sought: Ho	ouse District:00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  228584.65  Disbursement For: 2014  Other (specify)	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	83.10
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	45
(c) TOTAL Independent Expenditures	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, country, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 11 03	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Antoinette Franklin	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St Amo	punt
City State Zip Code	12.00
New Orleans LA 70188 Tran	nsaction ID: 92e6d424-cf79-4ab2-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 7 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	ident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement 228584.65  Disbursement 2014	ent For: Primary ⊠ General  Other (specify) ▶
	e of Public Distribution/Dissemination
, i	11 01 2014
Mailing Address 924 N. Prieur St	ount
City State Zip Code	60.00
	saction ID: ea2bb71b-3ae7-42c1-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu Presi	ident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	72.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Tammay Williams	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 924 N. Prieur St	Amount
ŀ	City State Zip Code	12.00
	New Orleans LA 70116	Transaction ID : bd4492d6-aad1-4f9d-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
ľ	Name of Federal Candidate Support Office	Sought: House District:00
	Ms Mary Llandrieu	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 228584.65  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Thomas A Gawdun	Date of Public Distribution/Dissemination
	Mailing Address 2207 SE 64th St	Amount
ľ	City State Zip Code	60.00
	Topeka KS 66605	Transaction ID: 81d1e50a-654e-48ab-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 206128.45	rsement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	72.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	1 4 1 4 1 6
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma vith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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	icuaic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Thomas A Gawdun	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2207 SE 64th St	Amount
ŀ	City State Zip Code	17.49
	Topeka KS 66605	Transaction ID: d1489214-92c9-457d-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 7 2014
ı	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	Other (specify)
ŀ	Full Name of Payee	Other (specify) ►  Date of Public Distribution/Dissemination
١	Bethlehem R Romm	11 01 2014
	Mailing Address 2609 Bluestrem Dr	Amount
ŀ	City State Zip Code	63.00
	Lawrence KS 66047	Transaction ID: 60f1506e-36bc-432f-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 01 / 2014
ŀ	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	ursement For: Primary X General  Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures	80.49
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not mainth, or at the request or suggestion of, any candidate or authorized committee or agent of eithe arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 03 2014
	Signature	

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Schedule E)	IVI EXI END	ITOTILO	-	PAGE 53 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on/	D = D / Y = Y = Y
Full Name of Payee Bethlehem R Romm			M - M /	Distribution/Dissemination
Mailing Address 2609 Bluestrem Dr			Amount	01 2014
City	State	Zip Code		20.70
Lawrence	KS	66047		20.70 2: 327987d0-cdf2-4228-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Kenny Wallis			Date of Public	Distribution/Dissemination  01
Mailing Address 6412 Osage Dr			Amount	01 2014
City	State	Zip Code		75.00
North Little rock	AR	72116		: 5d8b3f8a-c4c3-4d82-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	- y - 1 - y	226127.16	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		<b>•</b>	95.70
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	
			4	7
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014
• • • • • • • • • • • • • • • • • • •				

Schedule E)	II EXPEND	TIONES	<u> </u>	PAGE 54 OF 133 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Kenny Wallis			M = M /	Distribution/Dissemination
Mailing Address 6412 Osage Dr			Amount	01 2014
City	State	Zip Code		15.21
North Little rock	AR	72116		: 3da95bda-8c0f-4a49-9
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disburs	ement or Obligation  01  2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	226127.16	Disbursement For: 2014 Other (spec	Primary ☐ General
Full Name of Payee	_		Date of Public I	Distribution/Dissemination
Katelyn Stringer			M M /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Oxford Dr			Amount	
City	State	Zip Code		50.00
Salina	KS	67401		bfa8e2fa-44c6-4310-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	206128.45	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es		·	65.21
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / D D D 03	2014
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Katelyn Stringer	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Oxford Dr	mount
City State Zip Code	2.25
Salina KS 67401 Tr	ransaction ID : a1acb901-6fd1-4ccf-b late of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Mr. Grog Orman	esident State: KS
Calendar Year-To-Date Per Election for Office Sought  Disburse 206128.45  Disburse	ement For: Primary General
	Other (specify)
Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	11 01 2014 amount
City State Zip Code	50.00
Greensboro NC 27407 Tra	ansaction ID: 3c7ae088-6681-4b6b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Oppose Pro	resident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	لسنسا لسا ا

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Schedule E)	II EXI END	TOTILO		PAGE 56 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M = M /	Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	01 2014
City	Chaha	Zin Codo		40.00
City Greensboro	State NC	Zip Code 27407		18.00 ID: a3f7bbc3-d6b6-4c0d-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M /	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Beverly Williams			Date of Public	c Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	01 2014
			Amount	
City Greensboro	State NC	Zip Code 27407		50.00 D : f9944b76-6874-40c8-a
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbu	ursement or Obligation  / 01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	1084824.67	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es			68.00
(b) SUBTOTAL of Unitemized Independent Expendent	tures			
			-	7
(c) TOTAL Independent Expenditures			<b>)</b>	1 4 1 4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014
Signature				

Women Speak Out PAC    FeC IDENTRICATION NUMBER ▼		include Ly	FOR SE OF FORM 24/48
Check if    24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payer Michael Vidrine  City Ville Plate  Category/ Vill	۷۱	/omen Speak Out PAC	C C00530766
Mailing Address 1103 West Wilson Street  City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Salary Name of Federal Candidate Sought 228584.65  Calegory/ Oppose Per Election for Office Sought 228584.65  City State Zip Code Tanasaction ID : 635346-6356-4663-b Date of Disbursement or Obligation Street Sought S	Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Mailing Address 1103 West Wilson Street  City State Zip Code 70.00  Ville Platte LA 70586  Purpose of Expenditure Salary  Name of Federal Candidate State: LA Calendar Year-To-Date Per Election for Office Sought LA 70586  Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street  City State Zip Code 111 of 2014  Amount  Transaction ID: fc353496-8366-4663-b Date of Disbursement or Otligation  Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General President ☐ Support ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General President ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Transaction ID: fc353496-8366-4663-b Date of Disbursement For: □ Primary ☐ General ☐ Gen	٦		Date of Public Distribution/Dissemination
City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 1103 West Wilson Street  City State Zip Code Wilse Platte  City State Zip Code Purpose of Expenditure Michael' Vidinie  Mailing Address 1103 West Wilson Street  City State Zip Code Tity Oppose  Date of Public Distribution/Dissemination  Michael' Vidinie  LA 70586  Transaction ID: 5334b6-33e6-4663-b  Date of Disbursement or Obligation  Tity Oppose President Senate State: LA  Disbursement For: Primary General  Amount  City State Zip Code Tity Oppose  Category/ Wile Platte  LA 70586  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Amount  City State Zip Code Tity On2  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  Transaction ID: 5337a5a-09c1-4756-9  Date of Public Distribution/Dissemination  Tity Oil 2014  The reposition of Distribution Distr	١	Michael Vidrine	
Ville Platte  LA  70586  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Type  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Type  Name of Federal Candidate  Calendar Year-To-Date Purpose of Expenditure  Salary  Support  Calegory/ Ontire Sought: House District: Ontire Special State: LA  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Mille Platte  LA  70586  Purpose of Expenditure Mileage  Name of Federal Candidate Name of Federal Candidate  Name of Federal Candidate Name of Federal Candidate  Support  Category/ Uppe  Oppose  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Public Distribution/Dissemination  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement or Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement or Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date		Mailing Address 1103 West Wilson Street	Amount
Ville Platte  LA  70586  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Type  Name of Federal Candidate Ms. Mary L Landrieu  Calegory/ Type  Name of Federal Candidate  Calendar Year-To-Date Purpose of Expenditure  Salary  Support  Calegory/ Ontire Sought: House District: Ontire Special State: LA  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Mille Platte  LA  70586  Purpose of Expenditure Mileage  Name of Federal Candidate Name of Federal Candidate  Name of Federal Candidate Name of Federal Candidate  Support  Category/ Uppe  Oppose  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Public Distribution/Dissemination  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement or Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement or Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date of Debtorsement For: Primary Obligation  Transaction ID: 1337a5ab-9ec1-475e-9 Date		City State Zin Code	70.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  City State  City State  Category  Type  Out  Disbursement For:  Other (specify)  Date of Public Distribution/Dissemination  Transaction ID: b337a5ab-09c1-4756-9  Date of Disbursement or Obligation  Transaction ID: b337a5ab-09c1-4756-9  Date of Disbursement ID:  Disbursement ID:  Other (specify)  Other (specify)  Other (specify)  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 is agent.		·	Transaction ID : fc3534b6-83e6-4663-b
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Michael Vidrine  Full Name of Payee Michael Vidrine  City State  Category/ Ville Platte  LA  70586  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sough		Salany Odtegory/	M M / D D / Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President Senate State: LA  Disbursement For: Primary General  2014 Other (specify) ▶  Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street  Amount  City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Mileage  Purpose of Expenditure Mileage  Name of Federal Candidate Ns. Mary L Landrieu  Category/ Jype 002  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  President Senate State: LA  Disbursement For: Primary General President Senate State: LA  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.  Ms. Emily Buchanan		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street  City State Zip Code Ville Platte  LA 70586  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Elect	١	Ma Marriel Landwice	
Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street  City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date of Public Distribution/Dissemination  111		000504.05	ursement For: Primary X General
Miling Address 1103 West Wilson Street    Mailing Address 1103 West Wilson Street		Per Liection for Office Sought	Other (specify)
Mailing Address 1103 West Wilson Street    City			
Ville Platte  LA 70586  Transaction ID: b387a5ab-09c1-4756-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Support  Office Sought: House District: 00  President Senate State: LA  Calendar Year-To-Date Per Election for Office Sought  Category/  Type  Office Sought: House District: 00  President Senate State: LA  Disbursement For: Primary General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: b387a5ab-09c1-4756-9 Date of Disbursement or Obligation  Total Industriation ID: b387a5ab-09c1-4756-9 Date of Disbursement or Obligation  President Support  Office Sought: House District: 00  President Senate State: LA  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.		Mailing Address 1103 West Wilson Street	
Ville Platte  LA 70586  Transaction ID: b387a5ab-09c1-4756-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Support  Support  Office Sought: House District: 00  President Senate State: LA  Calendar Year-To-Date Per Election for Office Sought  Category/  Type  Office Sought: House District: 00  President Senate State: LA  Disbursement For: Primary General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: b387a5ab-09c1-4756-9 Date of Disbursement or Obligation  Total Industriation ID: b387a5ab-09c1-4756-9 Date of Disbursement or Obligation  President Support  Office Sought: House District: 00  President Senate State: LA  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.	1	City State Zip Code	19.50
Purpose of Expenditure Mileage    Category/ Type   002	١		Transaction ID : b387a5ab-09c1-4756-9  Date of Disbursement or Obligation
Ms. Mary L Landrieu    Calendar Year-To-Date   Per Election for Office Sought   Per Election for Of		Mileage Category/ 002	M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	1	Name of Federal Candidate Support Office	e Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures	١	Ms. Mary L Landrieu Oppose	President State: LA
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	·
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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  03  7  7  7  7  7  7  7  7  7  7  7  7  7		(a) SUBTOTAL of Itemized Independent Expenditures	89.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMM  Date  11  03  2014		(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 03 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe	
Batto		[F1 - 4 1 1] - F2 - 17	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay
	Date of Public Distribution/Dissemination
Lilly Green	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	80.00
Shreveport LA 71119	Transaction ID : 0d4cfbfa-730c-4a4c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
Name of Federal Candidate Support Office	Sought: House District:00
Me Mary I Landrieu	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 228584.65  Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee Lilly Green	Date of Public Distribution/Dissemination
	11 01 2014
Mailing Address 205 Medallion Circle	Amount
City State Zip Code	47.10
	Transaction ID: 08a5fc5b-c16b-439f-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 228584.65  Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	127.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Schedule E)	IN EXILID	TIONES	<u> </u>	PAGE 59 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			11 /	01 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71104		: be325cd2-fa2e-4d93-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	7	228584.65	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Gregory Green			11	01 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		88.20
Shreveport	LA	71104		: <b>7f148f1b-c714-4250-b</b> sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	228584.65	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures			168.20
(b) SUBTOTAL of Unitemized Independent Expe	odituras			
(b) SOBTOTAL OF STREETINGS INDEPENDENT EXPE	iditares		-	4
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 03	2014
<b>J</b>				

Schedule E)	VI EXI END	TTOTILO	<b>+</b>	PAGE 60 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on /	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary D Meens			11 /	01 / 2014
Mailing Address 5724 SW Arrowhead Ct			Amount	
City	State	Zip Code		25.00
Торека	KS	66614		0: 06ab4427-b9d2-4b1a-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	:	206128.45	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Mary D Meens			11 /	01 2014
Mailing Address 5724 SW Arrowhead Ct			Amount	
City	State	Zip Code		11.40
Торека	KS	66614		: dcc82378-2f52-48cd-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		Oppose	President >	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	206128.45	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			36.40
(a) GOZIGINZ ON NOMEGO MOOPONGON ZAPONGG			7	00.40
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7
(c) TOTAL Independent Expenditures			•	77.
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014
Signature				

Schedule E)	VI EXI EIVE	TOTILO		PAGE 61 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Ryan Drake				11 01 2014
Mailing Address 29637 Park St			Amoun	ıt
City	State	Zip Code		32.50
Walker	LA	70785		action ID : 1d33ac0f-9f9e-4f7b-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	228584.65	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	of Public Distribution/Dissemination
Ryan Drake				11 01 / 2014
Mailing Address 29637 Park St			Amour	nt
City	State	Zip Code		3.60
Walker	LA	70785		ction ID: 6837868f-ce97-4581-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	228584.65	Disbursement 2014 Ot	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	'es			36.10
(b) CURTOTAL of Unitersized Independent Funeral			-	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11	03 / 2014
2.9				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
T	Full Name of Payee  Jacob W Joosten	Date of Public Distribution/Dissemination
		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1906 S Pine Apt B	Amount
ŀ	City State Zip Code	90.00
	Pittsburg KS 66762	Transaction ID: 8a54cc18-69fd-49fe-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
ļ	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Jacob W Joosten	Date of Public Distribution/Dissemination
	Mailing Address 1906 S Pine Apt B	Amount
-	City State Zip Code	48.60
	Pittsburg KS 66762	Transaction ID: e2cc7d3c-1739-42ff-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
1	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:  Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	138.60
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	7 7 7
W	nder penalty of perjury I certify that the independent expenditures reported herein were not ma ith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	03 / 2014
	Signature	

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OF

Schedule E)	I EXI END	TONES		PAGE 63 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Julie M Gentry				1 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 S Main St			Amount	1
City	State	Zip Code		75.00
Roxboro	NC	27573		ction ID: e7da4801-e9cc-4d71-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	984824.67	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Julie M Gentry				11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 314 S Main St			Amoun	
City	State	Zip Code		12.93
Roxboro	NC	27573		tion ID : f765da81-df60-4902-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 01 Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	, , ,	1084824.67	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			87.93
(b) SUBTOTAL of Unitemized Independent Expendit	tures		•	4- 4- 4- 4-
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	03 2014
- 9				

Schedule	E)	11 E/II E/II E	1101120		PAGE 64 OF 133 FOR SE OF FORM 24/48
	OMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name	e of Payee R Arnold				of Public Distribution/Dissemination
Mailing A	ddress 1531 N Ridgewood Dr			Amou	11 01 2014 nt
City		State	Zip Code		105.00
Wichita		KS	67208		action ID : 48c968e8-635f-4691-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		11 01 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Greg	Orman		Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	2	206128.45	Disbursemen 2014 O	t For:
Full Nam Josh F	e of Payee R Arnold				of Public Distribution/Dissemination
Mailing A	ddress 1531 N Ridgewood Dr			Amou	11 01 2014 nt
City		State	Zip Code	— I L.	41.34
Wichita		KS	67208		oction ID : 7591f5de-c69b-4888-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		11 01 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Mr. Greg	Orman		X Oppose	Preside	
	endar Year-To-Date Election for Office Sought	, ,	206128.45	Disbursemen 2014 O	ther (specify) ►
(a) SUBTO	OTAL of Itemized Independent Expenditu	res		<b>.</b>	146.34
(b) SUBTO	OTAL of Unitemized Independent Expendent	litures			
(c) TOTAL	Independent Expenditures			· [	
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid mittee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	03 / 2014
Signatu	re				

Schedule E)	EXI ENDI	101120		PAGE 65 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New repo	rt Amends	report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee James W Blevins				Date of Public Distribution/Dissemination
Mailing Address 108 East Clinton St				11 01 2014 Amount
PO Box 410		7' 0 1		00.00
1 '		Zip Code 28385		30.00  Transaction ID : f0bbc7e4-0691-46d0-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	11 01 / 2014
Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
Ms. Kay Hagan		X Oppos		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	108	34824.67	Disbu 2014	ursement For: Primary
Full Name of Payee James W Blevins				Date of Public Distribution/Dissemination  11 01 2014
Mailing Address 108 East Clinton St				Amount
PO Box 410	1-1-	7:- 01-		0.50
'	tate NC	Zip Code 28385		8.52  Transaction ID: 895b7093-f713-411d-a  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Suppo	ort Offic	e Sought: House District: 00
Ms. Kay Hagan		N Oppo	se	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	38.52
(b) SUBTOTAL of Unitemized Independent Expenditures	ò		······ <b>&gt;</b>	
(c) TOTAL Independent Expenditures			······ <b>&gt;</b>	
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed]		1 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

<b>,</b>		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Brenda K Billington		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 437 Roberson Creek Rd	Ar	mount
City	tate Zip Code	35.00
	NC 27312 <b>Tr</b> . Da	ransaction ID: bfc3a449-90e9-4e85-a ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	11 01 2014
Name of Federal Candidate	Support Office So	ought: House District:00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1084824.67 Disburser 2014	ment For:
Full Name of Payee Brenda K Billington  Mailing Address 437 Roberson Creek Rd		ate of Public Distribution/Dissemination  M 1
City	tate Zip Code	11.40
1 '	NC 27312 <b>Tra</b>	Insaction ID: e07525ab-e6ba-4f3a-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ 002	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Ms. Kay Hagan	∑ Oppose	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	1084824.67 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	· · ·	46.40
(b) SUBTOTAL of Unitemized Independent Expenditures	S	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 11	03 / 2014
Signature		

PAGE

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OF

NAME OF COMMITTEE (In Full) Women Speak Out PAC  C C00530766  Check if 24-hour report 48-hour report New report Amends report filed on Michael D English  Mailing Address F4 Benton Ave Apt 4  City State Zip Code AR 72149  Purpose of Expenditure Salary  Name of Federal Candidate Salary  Name of Federal Candidate Soupht Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Michael D English  Full Name of Payee AR 72149  Transaction ID: 693f532b-d0c3-d460-a Date of Disbursement or Obligation  Mr. Mark L Pryor  Category/ Type 001  Transaction ID: 693f532b-d0c3-d460-a Date of Disbursement or Obligation  Disbursement For: Primary General Candidate Primary Candidate Primary Candidat	Schedule E)	JENT EXICID	ITONES		PAGE 67 OF 133 FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)			FEC	
Full Name of Payee   Michael D English   Date of Public Distribution/Dissemination   Mailing Address   F4 Benton Ave Apt 4	Women Speak Out PAC				
Michael D English  Mailing Address F4 Benton Ave Apt 4  City State Zip Code Searcy AR 72149  Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Searcy AR 72149  Transaction D : 693/532b-dic3-4460-a Date of Disbursement or Obligation 11 0 01 2014  Name of Federal Candidate Support Office Sought: House District: 00 President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Gener Per Election for Office Sought Disbursement For: Primary Gener Per Election for Office Sought Disbursement For: Primary Gener Per Election for Office Sought Disbursement For: Primary Gener Per Election for Office Sought Disbursement For: Primary Gener Per Election for Office Sought Disbursement For: Primary Gener Per Election for Office Sought Disbursement For: Primary Gener President Searcy AR 72149  Name of Federal Candidate Support Office Sought House District: 00 President Searcy Date of Disbursement For: Primary Gener President Search State: AR Disbursement For: Primary Gener President Search Sea	Check if 24-hour report 48-hour repor	t New rep	oort Amends repo		/ D = D / Y = Y = Y
Mailing Address F4 Benton Ave Apt 4  City State Zip Code 70.00 Searcy AR 72149  Purpose of Expenditure Salary Cffice Sought: Armount Till Oil 2014  Name of Federal Candidate Support Office Sought: House District: OO President Senate State: AR Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Milibage Category/ Oil Office Sought: Oil Oil 2014  Mailing Address F4 Benton Ave Apt 4  City State Zip Code AR 72149  Purpose of Expenditure State: AR 72149  Category/ Oil Office Sought: House District: Oil President Senate State: AR 72149  Disbursement For: Primary Gener Office Sought: Other (specify) President Senate State: AR 72149  Disbursement For: Oil Office Sought: Oil				M = M	/ D D / Y Y Y Y
Searcy AR 72149  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payen Michael D English  Mailing Address F4 Benton Ave Apt 4  City Searcy AR 72149  Purpose of Expenditure Michael D English  Mark L Pryor  Category/ Mr. Mark L Pryor  Category/ AR 72149  Purpose of Expenditure Michael D English  Mailing Address F4 Benton Ave Apt 4  City State  Category/ Mr. Mark L Pryor  Mr. Mark L Pryor  Mr. Mark L Pryor  Mr. Mark L Pryor  Category/ Mr. Mark L Pryor  Mr. Mar	Mailing Address F4 Benton Ave Apt 4				01 2014
Searcy AR 72149  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payen Michael D English  Mailing Address F4 Benton Ave Apt 4  City Searcy AR 72149  Purpose of Expenditure Michael D English  Mark L Pryor  Category/ Mr. Mark L Pryor  Category/ AR 72149  Purpose of Expenditure Michael D English  Mailing Address F4 Benton Ave Apt 4  City State  Category/ Mr. Mark L Pryor  Mr. Mark L Pryor  Mr. Mark L Pryor  Mr. Mark L Pryor  Category/ Mr. Mark L Pryor  Mr. Mar	City	State	Zin Code		70.00
Name of Federal Candidate    Support   Office Sought:	Searcy				ID : 693f532b-d0c3-4d60-a
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Michael D English  Mailing Address F4 Benton Ave Apt 4  City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage Category/ 17/10 0/10 / 2014  Name of Federal Candidate Mr. Mark L Pryor  Category/ Qo2  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ Qo2  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ Qo2  Disbursement For: Primary Gener Calendar Year-To-Date Per Election for Office Sought  Category/ Qo2  Disbursement For: Primary Gener Cother (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political politic					
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  President  Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Michael D English  Mailing Address F4 Benton Ave Apt 4  City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage	Name of Federal Candidate		Support	Office Sought:	House District:00
Per Election for Office Sought  Full Name of Payee Michael D English  Mailing Address F4 Benton Ave Apt 4  City State  City Searcy AR  72149  Purpose of Expenditure Mileage  Category/ Type  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice or many concertific to the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice or many concertific to the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or (if the reporting entity is not a politice or authorized committee or agent of either, or	Mr. Mark L Pryor				Seriale State.
Michael D English  Mailing Address F4 Benton Ave Apt 4  City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 226127.16  Calendar Year-To-Date Per Election for Office Sought 226127.16  Calendar Year-To-Date Disbursement For: Primary Gener 2014  (a) SUBTOTAL of Itemized Independent Expenditures Districts 00  (b) SUBTOTAL of Unitemized Independent Expenditures Pinder Senate State: AR  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political pol			226127.16	2014	
Mailing Address F4 Benton Ave Apt 4  City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage Category/ Mileage Support Office Sought: House District: 00 Mr. Mark L Pryor Searcy Searcy Sought Searcy Oppose President Searce State: AR Calendar Year-To-Date Per Election for Office Sought Searce State: AR Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	Full Name of Payee			Date of Pub	olic Distribution/Dissemination
City State Zip Code Searcy AR 72149  Purpose of Expenditure Mileage  Category/ Type  Oppose  President Senate State:   Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Oppose  President Senate State:   AR  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Oppose  President Senate State:   AR  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Oppose  President Senate State:   AR  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Oppose  President Senate State:   AR  Other (specify)   Other (specify)   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political political committee or agent of either, or (if the reporting entity is not a political politi	Mailing Adduses				
Searcy  AR  72149  Transaction ID: d3f50b50-32d1-44bc-9 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  O02  Transaction ID: d3f50b50-32d1-44bc-9 Date of Disbursement or Obligation  Office Sought:  House District: O0 President Senate State:  AR  Disbursement For: Primary Gener  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either, or (if the reporting entity is not a political committee or agent of either or (if the reporting entity is not a political committee or agent of either or (if the reporting entity is not a political committee or agent o	Mailing Address F4 Benton Ave Apt 4			Amount	
Purpose of Expenditure Mileage    Date of Disbursement or Obligation   Date of Date of Date or Obligation   Date or Obligation   Date of Date	City	State	Zip Code		30.90
Mileage  Name of Federal Candidate  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political market in the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political market in the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political market in the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political market in the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political market in the request or suggestion of items.)		AR	72149		
Mr. Mark L Pryor    Calendar Year-To-Date   Per Election for Office Sought   Primary   Senate   State: AR					
Calendar Year-To-Date Per Election for Office Sought  226127.16  Disbursement For: Primary Gener 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		Support	Office Sought:	House District:00
Per Election for Office Sought  226127.16  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor		Oppose		Seriale State:
(b) SUBTOTAL of Unitemized Independent Expenditures			226127.16	2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(a) SUBTOTAL of Itemized Independent Exper	nditures			100.90
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>	47-1-47-1
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political	(c) TOTAL Independent Expenditures			<b>,</b>	7 7
	with, or at the request or suggestion of, any ca	andidate or authorized			
Ms. Emily Buchanan  [Electronically Filed] Date 11 03 2014  Signature	<u> </u>	[Electron	nically Filed] Date		

Schedule E)	IVI EXI END	TTOTILO		PAGE 68 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
Sue G Walker			11 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3 Girard			Amount	
City	State	Zip Code		60.00
Fort Smith	AR	72901		on ID : fc8e4379-d2c0-4727-b isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		226127.16	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Edward N Walker			11	01 / 2014
Mailing Address 3 Girard St			Amount	
City	State	Zip Code		40.00
Ft Smith	AR	72901		n ID: cb34d3ae-3a37-4177-a isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		226127.16	Disbursement Fo	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	100.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014

Schedule E)		PAGE 69 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Edward N Walker		Date of Public Distribution/Dissemination
Mailing Address 3 Girard St		11 01 2014 Amount
City State	Zip Code	25.20
Ft Smith AR	72901	Transaction ID : f2dc1e0d-e462-4845-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 01 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor	∑ Oppose □	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	226127.16 Dist	bursement For: Primary X General  4 Other (specify) ▶
Full Name of Payee Logan B Piper		Date of Public Distribution/Dissemination
Mailing Address 3205 Pebble Beach Rd		Amount
City State	Zip Code	18.00
Conway AR	72034	Transaction ID : 5229ab6e-6458-48ff-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 01 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	226127.16 Dis 201	bursement For: Primary ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		43.20
(b) SUBTOTAL of Unitemized Independent Expenditures		
	·	7 7
(c) TOTAL Independent Expenditures	<b>•</b>	7 7
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	[Electronically Filed] Date	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Logan B Piper	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 3205 Pebble Beach Rd	Amount
	City State Zip Code	26.19
- 1	Conway AR 72034	Transaction ID : 66edeb92-cd61-4d4d-b  Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
١	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 226127.16	ursement For: Primary
-	Full Name of Payee	Date of Public Distribution/Dissemination
	Francis Richardson	11 01 2014
Ī	Mailing Address 220 Doucet Rd	Amount
	City State Zip Code	40.00
	Lafayette LA 70503	Transaction ID : 65ed998b-07a1-4eeb-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb. 228584.65	ursement For:  Primary
(a	) SUBTOTAL of Itemized Independent Expenditures	66.19
(b	SUBTOTAL of Unitemized Independent Expenditures	
(с	) TOTAL Independent Expenditures	
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not meth, or at the request or suggestion of, any candidate or authorized committee or agent of either curty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	11 03 2014
	Signature	

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OF

Schedule E)	JENT EXI END	ITOTILO		PAGE 71 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 🔀 24-hour report 🔲 48-hour repor	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Francis Richardson			Date of Public	Distribution/Dissemination
			11 M	01 / 2014
Mailing Address 220 Doucet Rd			Amount	
City	State	Zip Code		4.32
Lafayette	LA	70503		D: 2f4f432a-a845-4cd4-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		228584.65	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Melissa D Turner			M M M	01 2014
Mailing Address 9653 Nations Dr			Amount	
City	State	Zip Code		50.00
Springdale	AR	72762		D: 801ad53d-567b-4e5a-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M 11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		226127.16	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures			54.32
(a) SOBTOTAL OF NOTIFICE INDOPERAGIN EXPON	Taltaros		7	J-1.02
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •	4
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 03	2014
=				

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Luke S Buren	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 415 E Carroll	Amount
ŀ	City State Zip Code	50.00
	Macomb IL 61455	Transaction ID: ebe27772-aaef-414e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee Nathan D Stevens  Mailing Address 9653 Nations Dr	Date of Public Distribution/Dissemination
	Walling Address 9653 Nations Dr	Amount
ľ	City State Zip Code	50.00
	-1 0	Transaction ID: 73bac5ee-827b-4a64-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
L	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	100.00
(	b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Sch	edule E)	11 <b>L</b> M <b>L</b> M <b>L</b> M <b>L</b> M	1101120		PAGE 73 OF 133 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Full Name of Payee Nathan D Stevens				of Public Distribution/Dissemination
N	Mailing Address 9653 Nations Dr				11 01 2014
	24.	Otata	7's Oada		20.40
- 1	City Springdale	State AR	Zip Code 72762		38.40 action ID : a44c99d9-30a8-4c6f-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	M	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate		Support	Office Sought	t: House District: 00
	Mr. Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	226127.16	Disbursement 2014 Ot	t For: Primary X General ther (specify) ▶
	Full Name of Payee Kristen Clapper				of Public Distribution/Dissemination
Ī	Mailing Address 924 French Street			Amour	
	City	State	Zip Code		70.00
	New Orleans	LA	70124		ction ID : c2e70235-d462-4803-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 01 7 2014
1	Name of Federal Candidate		Support	Office Sough	t: House District: 00
	Ms. Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	7	228584.65	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a	SUBTOTAL of Itemized Independent Expenditure	'es			108.40
(b	o) SUBTOTAL of Unitermized Independent Expendi	itures		<b>.</b> .	
(с	r) TOTAL Independent Expenditures			· .	
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidarty committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	03 2014
	Signature				

Schedule E)	VI EXI END	THORIES		PAGE 74 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y H Y H Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Kristen Clapper			M	11 01 / 2014
Mailing Address 924 French Street			Amou	nt
City	State	Zip Code		6.00
New Orleans	LA	70124		action ID: 79be83d1-b6a1-42e4-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	2	228584.65	Disbursement 2014 Or	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
John MacDonald			M	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1926 Edgewater Dr			Amou	nt
City	State	Zip Code	— F.	72.50
Charolette	NC	28210		ction ID: f3779c92-7828-4a27-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 / 01 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	1084824.67	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			78.50
				4 4
(b) SUBTOTAL of Unitemized Independent Expendent	litures		• •	4 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	111	03 / 2014
=				

Schedule E)	NI EXI END	ITORES	F	PAGE 75 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
John MacDonald			11 /	01 / 2014
Mailing Address 1926 Edgewater Dr			Amount	
City	State	Zip Code		15.30
Charolette	NC	28210		: 5695551a-4dfe-45d4-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lorri Anderson			M M /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount	
City	State	Zip Code		50.00
Charlotte	NC	23215		: 584cabfe-f856-4679-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1084824.67	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			65.30
			-	7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 03	2014
-				

oblicatio L)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Lorri Anderson	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	ount
City State Zip Code	6.60
Charlotte NC 23215 Trai	nsaction ID : 3ef0c9e2-c309-460a-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District:00
Mc Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Cynthia N Schmit	te of Public Distribution/Dissemination
Mailing Address 2226 Taft Circle Apt 1	01 2014 ount
City State Zip Code	32.50
Winchester VA 22601 Tran	saction ID: 4ead6235-37e6-4b00-b te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	39.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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Schedule E)	DENT EXILITE	TIONES	PAGE 77 FOR SE OF FOR	OF 133 RM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION N	IUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on	Y Y Y Y
Full Name of Payee			Date of Public Distribution/Diss	emination
Dustin Swanigan			11 / D D / Y	2014 Y
Mailing Address 11345 Country Rd 385			Amount	
City	State	Zip Code		110.00
Holts Summit	MO	65043	Transaction ID : 6b4f8354-7c3 Date of Disbursement or Obliga	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House Distr	ict:00
Mr. Greg Orman		X Oppose	President Senate Sta	ite: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement For:  Primary  2014  Other (specify) ▶	K General
Full Name of Payee			Date of Public Distribution/Diss	emination
Kathryn M Wolfe			M M / D D / Y	2014
Mailing Address 204 W 9th St			Amount	
City	State	Zip Code		65.00
Pittsburg	KS	66762	Transaction ID : bcbc56d8-e6fk Date of Disbursement or Oblig	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House Distr	rict:00
Mr. Greg Orman		X Oppose	President Sta	ate: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement For:  Primary 2014  Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			175.00
,			7 7	
(b) SUBTOTAL of Unitemized Independent Exp	penditures		<b>)</b>	
(c) TOTAL Independent Expenditures			•	470.
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
<u></u>	[Electron	nically Filed] Date		Y

, , , , , , , , , , , , , , , , , , ,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour re	port New report	rt Amends repo		M
Full Name of Payee			Date	of Public Distribution/Dissemination
Kathryn M Wolfe				11 01 7 2014
Mailing Address 204 W 9th St			Amou	ınt
City	State	Zip Code	<u> </u>	31.50
Pittsburg	KS	66762	Trans Date	saction ID: 0f42e9c5-a4cc-4665-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Presid	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	20	06128.45	Disbursemer 2014	nt For:
Full Name of Payee Adam K Plunkett  Mailing Address 9760 N Pomona Ave				of Public Distribution/Dissemination
City	State	Zip Code		110.00
Kansas Cuty	MO	64153		action ID : 0cec7c5e-bdb5-4087-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Greg Orman		X Oppose	Presid	lent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Ex	xpenditures		•	141.50
(b) SUBTOTAL of Unitemized Independent	Expenditures		•	7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	y candidate or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	M = M /	03 / 2014
Signature				

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OF

	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Adam K Plunkett	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9760 N Pomona Ave	Amount
	City State Zip Code	110.70
	Kansas Cuty MO 64153	Transaction ID : 16f6cfcc-f58f-4a4f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	000100 15	ursement For: Primary X General
	Per Election for Office Sought 206128.45 2014	Other (specify) ▶
	Full Name of Payee Brandon Wheeler	Date of Public Distribution/Dissemination
	Mailing Address 10112 Piney Creek Ct	11 01 2014
	,	Amount
	City State Zip Code	60.00
	Charolette NC 28215	Transaction ID : d123bdcf-d5bb-4ba6-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary  General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	170.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		11 03 2014
	Signature	للنتا لتا

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OF

Sched	lule E)	1 <b>L</b> /(1 <b>L</b> /(2)	1101120		PAGE 80 OF 133 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	f X 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee candon Wheeler				of Public Distribution/Dissemination
Mail	ing Address 10112 Piney Creek Ct			Amou	11 01 2014 nt
City		State	Zip Code		25.20
	arolette	NC	28215		action ID : 12ea24ab-e0f3-4459-b of Disbursement or Obligation
	pose of Expenditure eage		Category/ Type 002	M	11
Nam	ne of Federal Candidate		Support	Office Sough	t: House District: 00
Mr.	Mark L Pryor		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	2	226127.16	Disbursement 2014 Or	t For: Primary X General ther (specify) ▶
	Name of Payee RIC TABARY				of Public Distribution/Dissemination
Mail	ling Address 6101 NORA ST			Amou	11 01 2014 int
City		State	Zip Code	$-\Gamma$	90.00
	TAIRIE	LA	70003		action ID: 5348777c-c079-4d37-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	M	11 01 2014
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District:00
Ms.	Mary L Landrieu		Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	, ,	228584.65	Disbursemen 2014 O	nt For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	∋s		•	115.20
(b) S	SUBTOTAL of Unitemized Independent Expendit	tures		<b>-</b>	
(c) T	OTAL Independent Expenditures			· · ·	
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	cically Filed] Date	e 11	03 2014
Si	gnature				

			FOR SE OF	FORM 24/48
	F COMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvom	en Speak Out PAC	С	C00530766	
Check if	X 24-hour report 48-hour report New report Amends report filed on	M = M	/ D = D /	Y = Y = Y
	Name of Payee Date	of Pub	lic Distribution/	Dissemination
		M M 11	01 /	2014
Maili	ng Address 6101 NORA ST	ount		
City	State Zip Code			2.40
	Date		ID: 48121176 oursement or C	
Purp Mile	ose of Expenditure age Category/ Type 002	11	01	2014
Nam	e of Federal Candidate Support Office Sou	ght:	House	District: 00
Ms.	Mary L Landrieu	dent	X Senate	State:LA
	Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014		Primary	X General
Rh 	Name of Payee Onda Moback  ng Address 2704 E Glen Oaks Dr		olic Distribution	/Dissemination 2014
City	State Zip Code			50.00
Wic	hita KS 67216 <b>Tran</b>		ID: 2131a575- oursement or 0	d252-41bb-9
Purp Sala	ose of Expenditure	M M M	01 /	2014
Nam	e of Federal Candidate Support Office Sou	ght:	House	District:00
Mr.	Greg Orman Oppose Pres	ident	X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014		Primary	X General
(a) S	JBTOTAL of Itemized Independent Expenditures			52.40
(b) S	UBTOTAL of Unitemized Independent Expenditures			
(c) T	OTAL Independent Expenditures			
with,	penalty of perjury I certify that the independent expenditures reported herein were not made in or at the request or suggestion of, any candidate or authorized committee or agent of either, or (committee) any political party committee or its agent.			
0:	Ms. Emily Buchanan [Electronically Filed] Date 11	03	201	
Si	nature			

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		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	ull Name of Payee	Date of Public Distribution/Dissemination
L	Rhonda Moback	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	failing Address 2704 E Glen Oaks Dr	Amount
	Sity State Zip Code	13.20
	Wichita KS 67216	Transaction ID : d13cb01b-76a5-4d09-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
Ν	lame of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	rrsement For: Primary
	Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
_	· · · ·	11 01 2014
	Mailing Address 110 W Pecan St	Amount
	City State Zip Code	50.00
	Ville Platte LA 70586	Transaction ID: 51f72f2e-7564-4270-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 2014
1	lame of Federal Candidate Support Office	e Sought: House District: 00
Ľ	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(a	SUBTOTAL of Itemized Independent Expenditures	63.20
(b	SUBTOTAL of Unitemized Independent Expenditures	
(c	TOTAL Independent Expenditures	
wit	der penalty of perjury I certify that the independent expenditures reported herein were not many the committee or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 03 2014
	Signature	

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Schedule E)	T EXI END	TTOTILO		PAGE 83 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Christopher Marquess				of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			Amour	11 01 2014 nt
City	State	Zip Code	— r	35.10
Ville Platte	LA	70586		action ID : 88a12fcb-d72a-4805-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	228584.65	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee	_		Date of	of Public Distribution/Dissemination
Robert B Johnson			М	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Worthington Way			Amou	nt
City	State	Zip Code		50.00
Wilmington	NC	28411		ction ID: aa2259ad-9bd5-4fce-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 01 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1084824.67	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	es			85.10
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures			· -	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	) 11 /	03 / 2014

Sche	edule E)		1101120		PAGE 84 OF 133 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Check	k if $X$ 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ull Name of Payee Christopher L Gilbert				of Public Distribution/Dissemination
М	failing Address 55 Lovell Johnson Rd			Amou	11 01 2014 unt
C	ity	State	Zip Code		80.00
- 1	Picayune	MS	39466		saction ID : 1060c1e6-a352-45f5-b of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Sough	ht: House District: 00
M	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		228584.65	Disbursemen 2014	ont For:
	full Name of Payee Christopher L Gilbert  Mailing Address 55 Lovell Johnson Rd				of Public Distribution/Dissemination
				Amor	
-	Dity Picayune	State MS	Zip Code 39466	Trans	45.60 saction ID : 1f4751d3-5883-48e2-8 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	lame of Federal Candidate		Support	Office Soug	ght: House District: 00
_ N	Ms. Mary L Landrieu		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		228584.65	Disburseme 2014	ent For:
(a)	SUBTOTAL of Itemized Independent Expenditures	s			125.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	141141141
(c)	TOTAL Independent Expenditures			· •	7 7 7
with	der penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate try committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	03 / 2014
	Signature		_		

Schedule E)	TOE! ENDER! EX E	110.120		PAGE 85 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 4	8-hour report New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Cynthia J Christmas				c Distribution/Dissemination
Mailing Address 1731 Frenchmer	n St		11	01 2014
			Amount	
City	State	Zip Code		70.00
New Orleans	LA	70116		ID: 2981afdd-dd04-4251-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ht 2	228584.65	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee				ic Distribution/Dissemination
Cynthia J Christmas			M = M	/ D D / Y Y Y Y
Mailing Address 1731 Frenchm	nen St		11	01 2014
			Amount	
City	State	Zip Code		11.10
New Orleans	LA	70116	Transaction II Date of Disb	D: a7a6bd5c-6f9c-4889-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Soug	ht	228584.65	Disbursement For: 2014 Other (s	Primary
_				
(a) SUBTOTAL of Itemized Independent	endent Expenditures		· <b>&gt;</b>	81.10
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		<b>•</b>	
(c) TOTAL Independent Expenditu	ıres		<b>)</b>	
Under penalty of perjury I certify with, or at the request or suggesting party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11 03	2014
Signature				

	YYY
Check if 24-hour report 48-hour report New report Amends report filed on Sheri J Peace  Mailing Address 9685 Paula St	YYY
Check if 24-hour report 48-hour report New report Amends report filed on  Full Name of Payee Sheri J Peace  Mailing Address 9685 Paula St	YYY
Sheri J Peace  Mailing Address 9685 Paula St	YYY
Mailing Address 9685 Paula St	
Mailing Address 9685 Paula St  Amount	
-	
City State Zip Code	100.00
Keithville LA 71047 Transaction ID : 0385a9a5-3c75- Date of Disbursement or Obligation	4fa0-b
Purpose of Expenditure Category/ Cat	014
Name of Federal Candidate Support Office Sought: House District	00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary 2014  Other (specify) ►	General
Full Name of Payee  Sheri J Peace  Date of Public Distribution/Dissen	
Mailing Address	014
Mailing Address 9685 Paula St  Amount	
City State Zip Code	47.40
Keithville LA 71047 Transaction ID : 9f65e64a-a50b-4 Date of Disbursement or Obligation	
	014
Name of Federal Candidate Support Office Sought: House District	:00
Ms. Mary L Landrieu	
	General
	7.40
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 03 2014	1
Signature	

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				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
V۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report 48-hour report New report Amends report filed		= M	/ D = D /	Y   Y   Y   Y
	Full Name of Payee Lisa Booth	Date o	f Pub	lic Distribution/	Dissemination
			11 <sup>M</sup>	01	2014
	Mailing Address 1434 South Avenue	Amoun	nt		
ı	City State Zip Code	Π.			100.00
	Eden NC 27288			ID: 02896ef4 oursement or C	
	Purpose of Expenditure Salary  Category/ Type  001		11	01	2014
ľ	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	irsement Ot		Primary specify) ▶	X General
ľ	Full Name of Payee Lisa Booth	M	- M	olic Distribution/	Y = Y = Y
	Mailing Address 1434 South Avenue	Amour	11 nt	01	2014
	City State Zip Code				23.40
	Eden NC 27288			ID: 8fb208b3- bursement or 0	
	Purpose of Expenditure Mileage  Category/ Type  002	M	11	01	2014
ľ	Name of Federal Candidate Support Office	Sought	t:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	nt	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014			Primary specify) ▶	X General
(	(a) SUBTOTAL of Itemized Independent Expenditures		-7		123.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures			7	47
(	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan  [Electronically Filed] Date 1	1 /	03	201	
	Signature				

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OF

Scł	hedule E)	L/(1 L. ( L. )	101120		-	PAGE 88 OF 133 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C00530766
Che	eck if 24-hour report 48-hour report	New repo	ort Amends	s report fil	ed on/	D = D / Y = Y = Y
T	Full Name of Payee Kevin L Battle				Date of Public	Distribution/Dissemination
-	Mailing Address 3300 Asher Ave				Amount	01 2014
	City S	State	Zip Code			80.00
	Little Rock	AR	72204			D: 00013bb3-5c34-4ceb-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M M M /	01 / 2014
	Name of Federal Candidate		Supp	ort Of	fice Sought:	House District: 00
	Ms. Kay Hagan		У Орро		President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Dis 20	sbursement For: 14 Other (spe	Primary X General ecify) ▶
	Full Name of Payee Kevin L Battle				Date of Public	Distribution/Dissemination
	Mailing Address 3300 Asher Ave				Amount	01 2014
-	City	State	Zip Code			36.00
	Little Rock	AR	72204			: 5d66d938-c240-47a7-a rsement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	11 /	01 / 2014
	Name of Federal Candidate		Supp	oort Of	fice Sought:	House District: 00
	Ms. Kay Hagan		X Oppo	ose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		1084824.67		sbursement For: 014 Other (sp	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures			······		116.00
(I	b) SUBTOTAL of Unitemized Independent Expenditure	es		······ <b>&gt;</b>		
(0	c) TOTAL Independent Expenditures			······································		
W	Under penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate earty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	11 03	2014
	Signature					

Schedule E)		101120		PAGE 89 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee LaVonna A Brown			Date of Pub	blic Distribution/Dissemination
Mailing Address 1211 Treaty Rd			Amount	01 2014
City	State	7:n Codo		65.00
City Delphos	State KS	Zip Code 67436		65.00 n ID : 749725e9-cbfa-413d-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	206128.45	Disbursement For: 2014 Other (	Primary
Full Name of Payee LaVonna A Brown			Date of Pul	blic Distribution/Dissemination
Mailing Address 1211 Treaty Rd			Amount	النا النا
City	State	Zip Code		26.10
Delphos	KS	67436		ID: 023f219a-a705-4026-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	01 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement For: 2014 Other (	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	penditures			91.10
(b) SUBTOTAL of Unitemized Independent	Expenditures		>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7 7
Under penalty of perjury I certify that the ir with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 11 03	
Signature				

· · ·						FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
Women Speak Out PAC					С	C00530766	
Check if 24-hour report 48-hour report	X New repo	ort Am	ends repo		M = M	/ D = D /	Y II Y II Y
Full Name of Payee				Date	of Publ	ic Distribution/	Dissemination
Aaron L Watson					M 11	01	2014
Mailing Address 30217 Crook Rd				Amou	unt		
City	State	Zip Code		$-\Gamma$			60.00
Cleveland	MO	64734				ID: 2635deb6 ursement or C	
Purpose of Expenditure Salary		Category/ Type	001		M 11	01	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Greg Orman			Oppose	Presid	_	Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	20	06128.45		Disbursement 2014		Primary pecify) ▶	X General
Full Name of Payee Aaron L Watson					of Publ	ic Distribution/	Dissemination 2014
Mailing Address 30217 Crook Rd				Amo			
City	State	Zip Code					25.50
Cleveland	МО	64734				D: db66c369- oursement or C	
Purpose of Expenditure Mileage		Category/ Type	002	] [	M M M	01	2014
Name of Federal Candidate			Support	Office Soug	ht:	House	District: 00
Mr. Greg Orman		X	Oppose	Presid	dent	Senate	State: KS
Calendar Year-To-Date Per Election for Office Sought	7	206128.4	5	Disburseme 2014		Primary	K General
(a) SUBTOTAL of Itemized Independent Expenditures.				•			85.50
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•		7	42
(c) TOTAL Independent Expenditures				•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M /	03	/ Y Y 201	
Signature							

PAGE

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Heather Ainsworth	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9685 Paula St	Amount
	City State Zip Code	100.00
	Keithville LA 71047	Transaction ID : 64ff8b04-7598-4f0d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11
	Name of Federal Candidate Support Office	ee Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  District 228584.65  2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify) ▶
	Full Name of Payee Heather Ainsworth	Date of Public Distribution/Dissemination
	Mailing Address 9685 Paula St	11 01 2014 Amount
	City State Zip Code	43.50
	Keithville LA 71047	Transaction ID : a4e12253-944d-4d79-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ce Sought: House District:00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)   Other
	(a) SUBTOTAL of Itemized Independent Expenditures	143.50
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	· · · · · · · · · · · · · · · · · · ·	11 03 2014
	Signature	

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OF

Schedule E)	TI EXI END	ITOTILO		PAGE 92 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Avery Watson				Public Distribution/Dissemination
Mailing Address 30217 Crook Rd			11	
3 30217 Glook Ku			Amount	
City	State	Zip Code		50.00
Cleveland	МО	64734		tion ID: fce2e71c-c720-4e2e-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	, , , , 2	206128.45	Disbursement F 2014 Othe	for: Primary ⊠ General er (specify) ▶
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Greg Meens			M 1	
Mailing Address 5724 SW Arrowhead Ct			Amount	
City	State	Zip Code		15.00
Topeka	KS	66614		on ID: 0e355ac0-3b73-4c26-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	206128.45	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			65.00
				7 1 7 1 5 1
(b) SUBTOTAL of Unitemized Independent Expend	itures		• •	49-1-49-1-49-1
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9				

- · · · · · · · · · · · · · · · · · · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee April A Watson			Date	of Public Distribution/Dissemination
				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 30217 Crook Rd			Amo	unt
City	State	Zip Code		50.00
Cleveland	МО	64734	<b>Tran</b> Date	saction ID: 2074a53e-f363-49d2-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	$\Box \mid \Box$	11 01 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Greg Orman		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disburseme 2014	ent For:  Primary
Full Name of Payee April A Watson			Date	of Public Distribution/Dissemination
Mailing Address 30217 Crook Rd			Amo	
City	State	Zip Code		30.90
Cleveland	MO	64734		saction ID: a8bf8306-66e9-448c-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ght: House District: 00
Mr. Greg Orman		X Oppose	Presi	dent State: KS
Calendar Year-To-Date Per Election for Office Sought	, ,	206128.45	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			80.90
(b) SUBTOTAL of Uniternized Independent Expen	ditures		· •	7 7
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	03 / 2014
Signature				

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	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	Ī	EC I	IDENTIFICATION	ON NUMBER ▼
۷۱	omen Speak Out PAC		С	C00530766	
Che	eck if X 24-hour report 48-hour report New report Amends report filed		М	/ D D /	Y Y Y Y Y
	Full Name of Payee	Date of	<sup>f</sup> Publ	lic Distribution/	Dissemination
	Tywan Scott-Kwofie		11	01	2014
	Mailing Address 117 East Maple St	Amoun	t		
	City State Zip Code		_		55.00
	Bucklin KS 67834			ID: d49b71f9 oursement or C	-ba3d-4429-8
	Purpose of Expenditure Salary  Category/ Type 001	М	11	01	2014
	Name of Federal Candidate Support Office	e Sought:		House	District: 00
	Mr. Greg Orman	Presider		X Senate	State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45  Disbut 2014			Primary	General
	Full Name of Payee			specify)	/Dissemination
	Tywan Scott-Kwofie		11	01 /	2014
	Mailing Address 117 East Maple St	Amoun	t		
	City State Zip Code				7.32
	Bucklin KS 67834	Transac Date o	tion f Disk	ID: be0bb31f- bursement or 0	<b>541c-49ef-b</b> Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M	1 1	01 /	2014
	Name of Federal Candidate Support Office	e Sought	:	House	District:00
	W 0 0	Preside		X Senate	State: KS
				Primary specify) ▶	General
	(a) SUBTOTAL of Itemized Independent Expenditures				62.32
(	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 /	03	201	4
_	Signature	_			
		1		1	

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Schedule E)	VI EXI END	ITOTILO	<b>⊢</b>	PAGE 95 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Theresa a Youngblood			Date of Public	Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2			Amount	01 2014
City	State	Zip Code		110.00
Berryville	VA	22611		2 : 424f1dcd-3536-415c-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President X	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	206128.45	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Ashley n Thompson			M M /	01 / 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	
City	State	Zip Code		65.00
Lexington	NC	27295		: 11fb338f-7c68-4a74-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	1084824.67	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res			175.00
(b) SUBTOTAL of Unitemized Independent Expend	lituros			
(b) GOBTOTAL OF ORIGINAZED INDEPENDENT EXPEND			<b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	49-1-49-1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014
<b>3</b>				

	meduic L)	FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
۷۱	Vomen Speak Out PAC	C C00530766			
Ch	eck if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Ashley n Thompson	11 01 2014			
	Mailing Address 272 Westgate Ct Apt 6	Amount			
	City State Zip Code	22.50			
	Lexington NC 27295	Transaction ID : a1e2691e-4d3d-41ad-b Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage  Category/ Type  002	11			
	Name of Federal Candidate Support Offic	e Sought: House District: 00			
	Ms. Kay Hagan Oppose	President State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014				
		U Other (specify) ▶			
	Full Name of Payee  Jessica R Resendiz	Date of Public Distribution/Dissemination			
	Mailing Address 9685 Paula St	11 01 2014 Amount			
	City State Zip Code	105.00			
	Keithville LA 71047	Transaction ID : 4c13f622-06ba-4fc3-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	ee Sought: House District:00			
	Ms. Mary L Landrieu Oppose	President State: LA			
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	oursement For: Primary General  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.				
	(77) ( * 11 77) 11	11 03 2014			
	Signature	للثنا لتا لــــــا			

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ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Jessica R Resendiz	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St	nount
City State Zip Code	59.40
Keithville LA 71047 Tra	ansaction ID: d3787227-5749-4550-8 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Mary L Landrieu Pre	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 228584.65  Disburser 2014	nent For:
Full Name of Payee Randy G Lookabill	ate of Public Distribution/Dissemination
Mailing Address 200 Carawood Lane	01 / 2014 nount
City State Zip Code	65.00
Lexington NC 27295 Tra	nsaction ID : be552cd9-6922-440f-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ught: House District: 00
	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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oblicatio Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Randy G Lookabill	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 200 Carawood Lane	nount
City State Zip Code	15.00
Lexington NC 27295 Tra	insaction ID : f05059ed-f007-483a-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11
Name of Federal Candidate Support Office Sou	ught: House District:00
Mc Koy Hogan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date Joneisha Stewart	te of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr Am	11 01 2014 nount
City State Zip Code	50.00
Marrero LA 70072 Tran	nsaction ID: 4e335c6a-7d83-4beb-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M 11
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 228584.65	nent For:
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

Schedule E)	120	PAGE 99 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		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  Joneisha Stewart	Date	te of Public Distribution/Dissemination
Mailing Address 2329 Runnymede Dr	Am	11 01 2014
City. State 7in	0-40	3.00
City State Zip of LA 700°		3.90  Insaction ID: 5812d840-a091-4d54-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Car	tegory/ Type 002	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu		sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 22858	Disbursem 2014	nent For:
Full Name of Payee Timothy Foley	Dat	te of Public Distribution/Dissemination
Mailing Address 20679 Glenbrook Terrace	Am	nount
City State Zip	Code	80.00
Sterling VA 201		nsaction ID : 3fe1ff80-938e-4e2f-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Car	tegory/ Type 001	11 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ught: House District: 00
Mr. Greg Orman	X Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures		83.90
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7
(c) TOTAL Independent Expenditures	· · ·	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically	Filed] Date 11	03 2014
Signature		

Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if $X$ 24-hour report 48-hour report $X$ New report $X$ Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Jonathan M Harris	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St Ame	ount
City State Zip Code	55.00
	nsaction ID : dec12004-b6b6-4960-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Mark L Pryor Oppose Pres	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Dat  Jonathan M Harris	re of Public Distribution/Dissemination
Mailing Address 3654 Tara St Am	11 01 2014 ount
City State Zip Code	8.70
Springdale AR 72762 Tran	saction ID : f0e201c5-7a2c-4648-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 01 / 2014
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Mark L Pryor Oppose Pres	·
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	63.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Talia J DeGisi	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9513 Beverly Dr	Amount
ŀ	City State Zip Code	60.00
	Overland Park KS 66207	Transaction ID : 3ca41f52-26bc-4458-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
ľ	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
	Full Name of Payee Talia J DeGisi	Date of Public Distribution/Dissemination
	Mailing Address 9513 Beverly Dr	Amount
ľ	City State Zip Code	7.50
	Overland Park KS 66207	Transaction ID: 3255ab19-f4b8-40ac-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	67.50
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	1 4 1 4 1 6
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not ma rith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	03 / 2014
	Signature	

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Schedule E)	INT EXILID	ITOTILO		PAGE 102 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee  Lydia H DeGisi			Date of Pu	blic Distribution/Dissemination
Mailing Address 9513 Beverly Dr			Amount	01 2014
City Overland Park	State KS	Zip Code 66207		67.50 on ID : 5e4417dc-d3fa-4c79-9
Purpose of Expenditure Salary		Category/ Type 001	Date of Dis	sbursement or Obligation  / 01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	;	206128.45	Disbursement For 2014 Other	: Primary X General
Full Name of Payee  Lydia H DeGisi			Date of Pu	blic Distribution/Dissemination
Mailing Address 9513 Beverly Dr			11 Amount	01 2014
Cib.	Chaha	7:- Code		40.50
City Overland Park	State KS	Zip Code 66207		10.50 <b>ID</b> : c69fbd50-ecb3-4095-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	206128.45	Disbursement For 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expendit	ures		. •	78.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
				7 1 7 1 5 1
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	
Signataro				

Schedule E)	ENT EXILID	ITOTILO		PAGE 103 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of I	Public Distribution/Dissemination
Joe Dockers			M 11	
Mailing Address 419 W Ford St			Amount	
Apt C		7: 0 1		70.00
City Pittsburg	State KS	Zip Code 66762	Transact	70.00 tion ID : c2562ab1-93b7-4f92-a
		00702		Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Greg Orman		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		206128.45	Disbursement F 2014 Othe	for: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
John P Hilkert			M 11	
Mailing Address 7 Bards Lane			Amount	
City	State	Zip Code		85.00
Fletcher	NC	28732		on ID: 3d964c79-a1f9-4ccc-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			155.00
(,				7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-				

Women Speak Out PAC    FeC IDENTIFICATION NUMBER ▼		neddie E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Pave John P Hilkert  Mailing Address 7 Bards Lane  City State Zip Code Fletcher NC 28732  Purpose of Expenditure Mileage Support State Support State State: NC Calegory Oppose Per Side State: NC Calendar Year-To-Date Pur Election for Office Sought  City State Zip Code Ms. Kay Hagan  Name of Paves Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code AR 72401  City State Zip Code Disbursement For: Primary General Zity Other (specify) ▶  Date of Public Distribution/Dissemination  Transaction ID : 5428455-1717-4361-9 Date of Disbursement or Othigation  Tit 1 0 0 1 2014  Amount  Calegory Office Sought: House District: 00 President Senate State: NC Calendar Year-To-Date Purpose of Expenditure Salary  City State Zip Code Jonesboro AR 72401  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calegory Type Office Sought: House District 00  Transaction ID : 31746688 3bbcd-4999-b Date of Disbursement For: 2014  Amount  City State Zip Code Transaction ID : 31746688 3bbcd-4999-b Date of Disbursement For: 2014  Amount  City State Zip Code Transaction ID : 31746688 3bbcd-4999-b Date of Disbursement For: 2014  Amount  City State Zip Code Transaction ID : 31746688 3bbcd-4999-b Date of Disbursement For: 2014  Amount  City Zint Amount  City State Zip Code Transaction ID : 31746688 3bbcd-4999-b Date of Disbursement For: 2014  Amount  City Zint Amount  City	VV	omen Speak Out PAC	C C00530766
Mailing Address 7 Bards Lane	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Mailing Address 7 Bards Lane  City State Zip Code Purpose of Expenditure NC 28732  Name of Federal Candidate Support Mileage Category/ Type 002  Name of Federal Candidate Support Category Coppose President Senate State: NC Oppose President Senate State: NC Oppose Of Expenditure Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Purpose of Expenditure Salary Category O01  Name of Pagee Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Purpose of Expenditure Salary O01  Name of Federal Candidate Support Office Sought House District: 00  Mr. Mark L Pryor O01  Mr. Mark L Pryor Office Sought General President Senate State: AR Disbursement or Ottigation State: AR  Calendar Year-To-Date Sought Senate State: AR  Calendar Year-To-Date Senate State: AR  Calendar Year-To-Date Sought Senate State: AR  Calendar Year-To-Date Senate State: AR  Calendar Year-To-Date Sought Senate State: AR  Calendar Year-To-Date Senate State: AR  Cale	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Pletcher NC 28732  Name of Expenditure Mileage Category/ Jupe 002  Name of Federal Candidate  Ms. Key Hagan  Calendar Year-To-Date Per Election for Office Sought  Cally State Zip Code  Anount  Transaction ID : 5eaa615a-at71-43ef-9 Date of Disbursement or Oiligation  Till 1 01 2014  Transaction ID : 5eaa615a-at71-43ef-9 Date of Disbursement For Date President Senate State: NC Disbursement For: Primary Ceneral Disbursement For: Primary Ceneral  Till Name of Payee Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Category/ O01  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Till 01 2014  Amount  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Type O01  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Till 01 2014  Amount  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction ID : 11746e88-abed-4989-b Date of Disbursement For: Primary Ceneral  Transaction			
Fletcher NC 28732  Transaction ID : Sea8615a-a171-43ef-9 Date of Disbursement or Obligation  All Region Support  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Pederal Candidate  Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Name of Federal Candidate  Name of Federal C		Mailing Address 7 Bards Lane	Amount
Fletcher NC 28732  Transaction ID : Sea8615a-a171-43ef-9 Date of Disbursement or Obligation  All Region Support  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Pederal Candidate  Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Name of Federal Candidate  Name of Federal C	ŀ	City State Zin Code	14.70
Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  Category/ Jonesboro  AR 72401  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Andrew Sricklin  Amount  City State Zip Code Jonesboro  AR 72401  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Amount  Category/ Type  Office Sought: House District:  Amount  Transaction ID: a1746e88-8bed-4989-b Date of Disbursement or Obligation  Transaction ID: a1746e88-8bed-4989-b Date of Disbursement for: Disbursement for: Disbursement for: President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  AR  Calendar Year-To-Date Per Election for Office Sought  Are  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mr. Emitly Buchanan  IElectronically Filed) Date  11 03 2014			Transaction ID : 5eaa615a-a171-43ef-9
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Andrew Sricklin  Mailing Address  2026 West Nettleton Avenue Apt 2  City Slate  Transaction ID: a1746e89-8bed-4889-b Date of Disbursement For: 25.00  Jonesboro  AR  72401  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date P		Mileage Category/ 002	M M / D D / Y Y Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Andrew Sricklin  Mailing Address  2026 West Nettleton Avenue Apt 2  City Jonesboro AR  72401  Category/ Type  111  Oil  Category/ Type  Calendar Year-To-Date Per Election for Office Sought	ı	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought    1084824.67		Ms. Kay Hagan	President State: NC
Full Name of Payee Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Purpose of Expenditure Salary  Name of Federal Candidate Salary  Name of Federal Candidate Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date Public Distribution/Dissemination  Table Public Distribution/Dissemination  Table Per Date Population/  Transaction ID: a1746e88-8bed-4989-b Date of Disbursement or Obligation  Transaction ID: a1746e88-8bed-4989-b Date of Disbursement or Obli		4004004.07	
Andrew Sricklin  Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Purpose of Expenditure Salary Office Sought: House District: 00 Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought 226127.16  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ		
Mailing Address 2026 West Nettleton Avenue Apt 2  City State Zip Code Jonesboro AR 72401  Purpose of Expenditure Salary  Name of Federal Candidate State Sta			M = M / D = D / Y = Y = Y
Jonesboro  AR 72401  Transaction ID: a1746e88-8bed-4989-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Senate  AR  Calendar Year-To-Date Per Election for Office Sought  Category/ Office Sought:  House District: O0  AT  Calendar Year-To-Date Per Election for Office Sought  Senate State: AR  Other (specify)  Cother (speci		Mailing Address 2026 West Nettleton Avenue Apt 2	
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought  Office Sought: House District:  O0 President X Senate State: AR  Disbursement For: Primary X General  2014  Other (specify)  Under (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.	ŀ	City State Zip Code	25.00
Purpose of Expenditure Salary    Category/ Type		Jonesboro AR 72401	Transaction ID: a1746e88-8bed-4989-b Date of Disbursement or Obligation
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Salary Category 001	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  226127.16  2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Mr. Mark L Pryor Oppose	President State: AR
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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	(	(a) SUBTOTAL of Itemized Independent Expenditures	39.70
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, 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	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 03 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Duto		[F1 - + 1] - F1 - 11	

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Schedule E)		TOTILO		PAGE 105 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		T = M / D = D / Y = Y = Y = Y
Full Name of Payee Andrew Sricklin				of Public Distribution/Dissemination
Mailing Address 2026 West Nettleton Avenue Apt 2	!		Amou	11 01 2014
City Jonesboro	State AR	Zip Code 72401		39.54 saction ID: 80fb9e08-5760-40ce-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 01 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	226127.16	Disbursemer 2014	nt For:
Full Name of Payee Ashlee G Anderson				of Public Distribution/Dissemination
Mailing Address 2226 Enloe St			Amou	
City	State	Zip Code	— IT.	11.50
Fayetteville	NC	28306		action ID : ba238442-afe7-4939-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 / 01 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	1084824.67	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			51.04
(b) SUBTOTAL of Unitemized Independent Expendi	tures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	, M 11 /	03 / 2014

Schedule E)	IN EXILID	ITOTILO		PAGE 106 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Ashlee G Anderson			M = M	lic Distribution/Dissemination
Mailing Address 2226 Enloe St			Amount	01 2014
City	State	Zin Codo		3.60
Fayetteville	NC	Zip Code 28306		ID: 3307bdc2-0626-4801-a pursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M 11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	10	084824.67	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Leslie D Moore			м - м 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1903 Swan Dr			Amount	
City	State	Zip Code		100.00
Lenoir	NC	28645		ID: b0d735de-d4a6-4c6c-8 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1084824.67	Disbursement For: 2014 Other (s	Primary X General Specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		<b>•</b>	103.60
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. >	
				4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	49
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014
S.g.iataro				

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Leslie D Moore	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1903 Swan Dr	Amount
	City State Zip Code	12.30
	Lenoir NC 28645	Transaction ID : c735cc17-f15d-483d-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee  Karen R Myers	Date of Public Distribution/Dissemination
	Mailing Address 14566 NW 110th St	11 01 2014
		Amount
	City State Zip Code	110.00
	Whitewater KS 67154	Transaction ID: a624c6e2-4ec4-4799-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	122.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	1 03 2014
	Signature	للنتا لتا ل

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hedule E)		TURES	PAGE 108 OF 133 FOR SE OF FORM 24/48
ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
omen Speak Out PAC			C C00530766
ck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee Karen R Myers			Date of Public Distribution/Dissemination
Mailing Address 14566 NW 110th St			Amount
City	State	Zip Code	24.00
Whitewater	KS	67154	Transaction ID: 413336fd-d849-4eb4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Greg Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	2	06128.45	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Todd Ellis			11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 712			Amount
City	State	Zip Code	125.00
Alexander	AR	72002	Transaction ID : f2e72fb1-1e32-40ef-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11 / 01 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	226127.16	Disbursement For:  Primary
a) SUBTOTAL of Itemized Independent Expenditures			. • 149.00

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

(c) TOTAL Independent Expenditures.....

Ms. Emily Buchanan	[Electronically Filed]	Date	M M /	03	/	2014
Signature						

Schedule E)	IN EXICIO	TIONES	PAGE 109 OF 133 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC C coo530766				
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Todd Ellis			11 01 / 2014	
Mailing Address P.O. Box 712			Amount	
City	State	Zip Code	52.20	
Alexander	AR	72002	Transaction ID : 7c679bcb-841b-41bc-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	226127.16	Disbursement For: Primary General 2014 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Irene R Hoyer			11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4310 N Mission Rd			Amount	
City	State	Zip Code	51.00	
Bel Aire	KS	67226	Transaction ID : 55aea92c-57ce-40a0-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	11 01 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Greg Orman		Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	206128.45	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendi	tures		. 103.20	
(-,			7	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>•</b>	
(c) TOTAL Independent Expenditures			·	
	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 03 7 2014	

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	ull Name of Payee	Date of Public Distribution/Dissemination
	Irene R Hoyer	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
N	Mailing Address 4310 N Mission Rd	Amount
	Sity State Zip Code	7.65
-	Bel Aire KS 67226	Transaction ID: 7d45d8a1-09e4-4cec-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	11 01 / 2014
Ν	lame of Federal Candidate Support Office	e Sought: House District:00
ľ	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	orsement For: Primary
	Julia Perry	Date of Public Distribution/Dissemination
N	Mailing Address 2046 Perrin St Apt C	11 01 2014 Amount
	City State Zip Code	100.00
	Shreveport LA 71101  Purpose of Expenditure	<b>Transaction ID : 6981129c-5a56-4149-8</b> Date of Disbursement or Obligation
	Salary Category/ Type 001	11 01 7 2014
١	Name of Federal Candidate Support Office	e Sought: House District: 00
1	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 228584.65	orsement For: Primary General  Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	107.65
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
wit	der penalty of perjury I certify that the independent expenditures reported herein were not match, or at the request or suggestion of, any candidate or authorized committee or agent of either ty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	1 03 2014
	Signature	

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OF

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if Z 24-hour report 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kaleigh J Wagner	11 01 2014
	Mailing Address 18065 Wayne Rd	Amount
	City State Zip Code	150.00
	Odessa FL 33556	Transaction ID : d0a28b0a-6bb6-459a-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calcillati Total To Bato	ursement For: Primary X General
	Per Election for Office Sought 226127.16 2014	Other (specify) ▶
	Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	Mailing Address 1436 Hains Creek Dr	11 01 2014
	Mailing Address 1436 Haigs Creek Dr	Amount
	City State Zip Code	150.00
	Elgin SC 29045	Transaction ID : 7cf6c4b5-2e30-4805-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement 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 mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C	C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y = Y
Ţ	Full Name of Payee	Date of Public	Distribution/Dissemination
	Randy M Gold	11 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1436 Haigs Creek Dr	Amount	
ı	City State Zip Code		88.92
	Elgin SC 29045		D: 10082de2-f8ae-4062-9 rsement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 /	01 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Other (spe	Primary
ĺ	Full Name of Payee Christine Stevens	Date of Public	Distribution/Dissemination
	Mailing Address 100 Asbury Ct	Amount	01 2014
ı	City State Zip Code	T	90.00
١	Winchester VA 22602		: 325d5709-7896-45ae-9 rsement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 /	01 / 2014
١	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Greg Orman Oppose	President >	Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Other (spe	Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	7	178.92
(	(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7	
(	(c) TOTAL Independent Expenditures	7	7
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan  [Electronically Filed] Date	1 03	2014
	Signature		

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OF

		FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	ck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kristina M Jinkens	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 2138 N 1000 Rd	Amount
	City State Zip Code	10.00
- 1	Eudora KS 66025	Transaction ID : 2ae4e0d2-8a1b-4ca9-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	Full Name of Payee  Jazmine d Conner	Date of Public Distribution/Dissemination  11 01 2014
	Mailing Address 100 ASBURY CT	Amount
-	City State Zip Code	90.00
	WINCHESTER VA 22602	Transaction ID: b106a687-7542-415b-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 01 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President Senate State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures	100.00
(b	SUBTOTAL of Unitemized Independent Expenditures	
(c	) TOTAL Independent Expenditures	1 7 1 7 1 7
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not math, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jon E Conner	11 01 2014
	Mailing Address 100 Asbury Ct	Amount
	City State Zip Code	90.00
	Winchester VA 22602	Transaction ID: e0e3ebe0-100f-46a4-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 01 / 2014
	Name of Federal Candidate Support Office	Sought: House District:00
	Mr. Greg Orman Oppose	President State: KS
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45	rsement For:
	Full Name of Payee Rodney O Culbreath  Mailing Address 100 Asbury Ct	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code	90.00
	,	Transaction ID: 172e8763-1532-4e75-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 01 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Greg Orman Oppose	President State: KS Senate
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	180.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date    Mate	1 03 2014
	Oigilatule	

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OF

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Rodney D Culbreth		11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	Ar	mount
3200 Dam Neck Rd		
1 ,		90.00  ansaction ID: 7655dec1-1a3a-4ccd-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 01 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Mr. Greg Orman		esident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	206128.45 Disburser 2014	ment For:
Full Name of Payee Rze Culbreath  Mailing Address 100 Asbury Ct		ate of Public Distribution/Dissemination  11 01 2014  mount
	Al	mount
<b>1</b> ′	ate Zip Code	90.00
		ansaction ID: 13881b43-1270-48dd-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 01 / 2014
Name of Federal Candidate	Support Office Sc	ought: House District: 00
Mr. Greg Orman	∑ Oppose	esident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	206128.45 Disburset 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	•	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures	······	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee or agent of either, or	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 11	03 2014
Oignaturo		

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OF

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Carl Brent	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6718 Lake Willow Dr	mount
City State Zip Code	80.00
New Orleans LA 70126 Tr	ransaction ID: 9cc19421-4d05-4f87-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 01 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 228584.65  Disburser	ment For:
Full Name of Payee Carl Brent	ate of Public Distribution/Dissemination
	11 01 2014
Mailing Address 6718 Lake Willow Dr	mount
City State Zip Code	20.40
	ansaction ID: e2bbae1a-813f-4502-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 1 1 01 / 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 228584.65	ment For:
(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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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Schedule E)		PAGE 117 OF 133 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC  C C00530766			
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dab / Yayayay	
Full Name of Payee Brian A Sherwood		Date of Public Distribution/Dissemination	
Mailing Address 1003 W 5th St		11 01 2014 Amount	
City State Coffeyville KS	Zip Code 67337	20.00 Transaction ID : cf3f7afc-b1d3-4426-b	
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Offi	ce Sought: House District: 00	
Mr. Greg Orman	X Oppose	President State: KS	
Calendar Year-To-Date Per Election for Office Sought	206128.45 Dis 201	bursement For: Primary	
Full Name of Payee Brieshauna M Stevens  Mailing Address 1703 Torrey Pines Ct		Date of Public Distribution/Dissemination  11 01 2014  Amount	
City State	z Zip Code	50.00	
Reston VA	20190	Transaction ID: 990e3e4f-1560-47f1-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001	11 01 2014	
Name of Federal Candidate	Support Offi	ice Sought: House District: 00	
Mr. Greg Orman	X Oppose	President Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	206128.45 Dis 20°	bursement For: Primary General Other (specify)  General	
(a) SUBTOTAL of Itemized Independent Expenditures	•	70.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>		
(c) TOTAL Independent Expenditures	<b>———</b>		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.			
Ms. Emily Buchanan	[Electronically Filed] Date	11 03 2014	
Signature	_		

Schedule E)	IN EXICID	HONES	<b>+</b>	PAGE 118 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDI	ENTIFICATION NUMBER ▼
Women Speak Out PAC C00530766				
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Chris McCoy			M M /	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	01 2014
City	State	Zin Codo		105.00
High Point	NC	Zip Code 27260		D : c315d683-23b6-486a-a rement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought	1	084824.67	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Chris McCoy			M = M /	Distribution/Dissemination
Mailing Address 1025 Cayley Ct			Amount	01 2014
City	State	Zip Code		26.10
High Point	NC	27260		: 6ca17910-10b6-44a8-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1084824.67	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures		<b>•</b>	131.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •	
			4	45
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 03	2014
5.g. (a.a.)				

				FOR SE O	F FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICAT	ION NUMBER ▼
Women Speak Out PAC				C C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amends re	eport filed on	M = M / D = D /	Y
Full Name of Payee			D	ate of Public Distribution	n/Dissemination
Danielle McCoy				11 / D D D	2014
Mailing Address 1025 Cayley Ct			Aı	mount	
City	State	Zip Code			102.50
High Point	NC	27260		ransaction ID : 3608471 ate of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 00		11 01	2014
Name of Federal Candidate		Support	Office Sc	ought: House	District: 00
Ms. Kay Hagan		X Oppose	Pre	esident Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	10	84824.67	Disburse 2014	ment For:  Primar  Other (specify) ▶	ry X General
Full Name of Payee Danielle McCoy  Mailing Address 1025 Cayley Ct				ate of Public Distributio	n/Dissemination
			г		
City High Point	State NC	Zip Code 27260	Tra	nsaction ID : 89a3ed5	25.50 <b>8-2234-4677-a</b>
Purpose of Expenditure		Catagory	D	ate of Disbursement or	Obligation
Mileage		Category/ Type 00	02	11 01	2014
Name of Federal Candidate		Support	Office So	ought: House	District:00
Ms. Kay Hagan		X Oppose	Pro	esident X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7	1084824.67	Disburse 2014	ment For: Primal Other (specify) ▶	ry X General
(a) SUBTOTAL of Itemized Independent Expenditures	S		····· <b>·</b>	7	128.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		····· <b>&gt;</b>		
(c) TOTAL Independent Expenditures			····· <b>\</b>	1 1 7 1 1 7	
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized				
Ms. Emily Buchanan	[Electroni	cally Filed]	ate 11		)14
Signature					

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		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Eleanor McCoy	Date of Public Distribution/Dissemination
	,	11 01 2014
	Mailing Address 4902 Catawba Dr	Amount
ŀ	City State Zip Code	105.00
	Greensboro NC 27407	Transaction ID: d72d3715-3db8-4303-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 / 01 / 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For:
	Full Name of Payee Eleanor McCoy	Date of Public Distribution/Dissemination
	Mailing Address 4902 Catawba Dr	Amount
ľ	City State Zip Code	27.60
	Greensboro NC 27407	Transaction ID: 9868dcbe-1f6c-499f-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  O02	11 01 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	132.60
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may ith, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date  Signature	1 03 2014
	Oignature ————————————————————————————————————	

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Mry S Everly	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 787 N 1851 Diagonal Rd Ame	nount
City State Zip Code	15.00
Lecompton KS 66050 Trail	nnsaction ID : 7ca68f2d-ebbb-4085-a te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 206128.45	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	te of Public Distribution/Dissemination
Mailing Address 787 N 1851 Diagonal Rd	11 01 2014 nount
City State Zip Code	12.00
	nsaction ID: 4b8f2c22-fcbb-4ac5-a te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 1
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary General 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 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report	ort Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Amelia Brackett	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle	Amount
City State	Zip Code 90.00
Searcy AR	72143 Transaction ID : 26171e45-a5a3-4ef2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 01 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Colton R Overcash	11 01 2014
Mailing Address 121 Ohara Dr	Amount
City State	Zip Code 95.00
Salisbury	28147 Transaction ID : 23384240-064d-4550-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 01 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose 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	· · · · · · · · · · · · · · · · · · ·
	reported herein were not made in cooperation, consultation, or concert committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [Electron	ically Filed] Date 11 03 2014
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report	Amends report filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Colton R Overcash	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 121 Ohara Dr	Amount
City State Zip Co	Code 161.10
Salisbury NC 28147	
	egory/ Type 002 11 01 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1084824	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	
Joseph R English	Date of Public Distribution/Dissemination  11 01 2014
Mailing Address 915 East Market Ave Apt 4	Amount
City State Zip C	Code 70.00
Searcy AR 7214	
	egory/ Type 001 11 01 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 226	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	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 11 03 2014
Signature	

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OF

Schedule E)						PAGE 124 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC					C	C00530766
Check if 24-hour report 48-hour report	New repo	ort Am	ends repo	rt filed on	M M /	D = D / Y = Y = Y
Full Name of Payee Joseph R English				Da	M = M /	Distribution/Dissemination
Mailing Address 915 East Market Ave Apt 4				Ar	11 nount	01 2014
City State		Zip Code		— г		31.50
Searcy AR		72143				D: cf548d57-f3b5-40a4-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002		11 /	01 / 2014
Name of Federal Candidate		<u>'</u>	Support	Office So	ught:	House District: 00
Mr. Mark L Pryor			Oppose			Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	2	26127.16		Disburser 2014	ment For: Other (spe	Primary
Full Name of Payee Kaitlyn B Allen				Da	ate of Public	Distribution/Dissemination
Mailing Address 2121 Daniel Dr				Aı	mount	2014
City State	te	Zip Code				90.00
Searcy AR	₹	72143				<b>): 77299666-1316-4fa4-8</b> Irsement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		11	01 / 2014
Name of Federal Candidate			Support	Office Sc	ught:	House District: 00
Mr. Mark L Pryor		X	Oppose		<u>-</u>	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,	226127.16	6	Disburse 2014	ment For:  Other (sp	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures						121.50
(b) SUBTOTAL of Unitemized Independent Expenditures				, <u> </u>		
(c) TOTAL Independent Expenditures				• [		
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized					
Ms. Emily Buchanan Signature	[Electroni	ically Filed]	Date	M = M 11	03	2014

ocneat	,	FOR SE OF FORM 24/48
	COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvome	en Speak Out PAC	C C00530766
Check if	24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	ame of Payee	Date of Public Distribution/Dissemination
	tlyn B Allen	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailir	g Address 2121 Daniel Dr	Amount
City	State Zip Code	22.20
Sear		Transaction ID: 2323ba72-3805-4e29-8 Date of Disbursement or Obligation
Purpo Milea	se of Expenditure uge Category/ Type 002	11 01 2014
Name	of Federal Candidate Support Office	Sought: House District:00
Mr. N	lark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For:
Full 1	lame of Payee	Date of Public Distribution/Dissemination
	nnah K Smith	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Maili	g Address 633 Scott Dr	Amount
City	State Zip Code	80.00
Gibs	onville NC 27249	<b>Transaction ID</b> : <b>557bb6bc-98cd-43f3-9</b> Date of Disbursement or Obligation
Purp Sala	ose of Expenditure Type  Category/ Type  001	M 11
Nam	e of Federal Candidate Support Office	Sought: House District: 00
Ms.		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For:
(a) Sl	BTOTAL of Itemized Independent Expenditures	102.20
(b) Sl	BTOTAL of Unitemized Independent Expenditures	
(c) TO	TAL Independent Expenditures	
with, o	penalty of perjury I certify that the independent expenditures reported herein were not mar at the request or suggestion of, any candidate or authorized committee or agent of either ommittee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Sig	nature	

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OF

Schedule E)	VI EXI END	ITOTILO		PAGE 126 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Hannah K Smith			Date of Pul	blic Distribution/Dissemination
Mailing Address 633 Scott Dr			11 Amount	01 2014
	0	7: 0 1		10.00
City Gibsonville	State NC	Zip Code 27249		19.20 n ID : 78cc7248-09ea-4949-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 1 M	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 10	084824.67	Disbursement For 2014 Other (	: Primary X General
Full Name of Payee Kaylan N Swanson	_		Date of Pu	blic Distribution/Dissemination
Mailing Address 633 Scott Dr			Amount	01 2014
City	State	Zip Code		80.00
Gibsonville	NC	27249		ID: 7df89618-de97-49ca-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7-1-7	1084824.67	Disbursement For 2014 Other	:
(a) SUBTOTAL of Itemized Independent Expenditu	'es		<b>•</b>	99.20
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(c) TOTAL Independent Expenditures				
(b) TOTAL Independent Expenditures			· •	7   7   4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	
olgilatule				

	Tieddie E)		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C	C00530766
Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee	Date of Public	Distribution/Dissemination
	Kelly Dolan	11 /	01 / 2014
	Mailing Address 543 S 2nd St	Amount	
ŀ	City State Zip Code		80.00
	Bellaire NC 77401		D: 0ac5e924-27f1-423f-9 rsement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	11 /	01 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	_	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 228584.65  Disbu 2014	rsement For:	Primary ☐ General
ŀ	Full Name of Payee Kelly Dolan	Date of Public	Distribution/Dissemination
	·	11	01 2014
	Mailing Address 543 S 2nd St	Amount	
•	City State Zip Code		8.40
	Bellaire NC 77401		D: 389460e5-2446-43bc-8 ursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11	01 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
		-	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Other (sp	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	7	88.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures	7	
(	(c) TOTAL Independent Expenditures	7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	M / D D D 1 0 3	2014
	Signature		

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OF

Schedule E)	INT EXILID	ITOTILO		PAGE 128 OF 133 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Caleb Craig			11	01 / 2014
Mailing Address 1410 Bushville drive			Amount	
City	State	Zip Code		100.00
Lenoir	NC	28645		ID: 0969dc99-d667-4ed1-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1(	084824.67	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Shelby J Davis			11	01 2014
Mailing Address 6414 The Divide Pkwy			Amount	
Apt 204	Ctoto	7in Codo		25.00
City Little Rock	State AR	Zip Code 72223		25.00 D: 00970311-8357-4b3e-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Man	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		226127.16	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			125.00
#N			7	
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014

Scl	hedule E)		1101120		PAGE 129 OF 133 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	_			FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if $X$ 24-hour report 48-hour report New	w rep	oort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee Landon R Boyles				Date of Public Distribution/Dissemination
-	Mailing Address 211 Hidden Meadows Dr				11 01 2014 Amount
-	Cit. State		Zin Codo		25.00
I	City State Benton AR		Zip Code 72015		25.00  Transaction ID: e370f6df-3be1-4333-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		11 01 2014
ŀ	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		Oppose		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	2	226127.16	Disbur 2014	rsement For: Primary
	Full Name of Payee Landon R Boyles  Mailing Address 211 Hidden Meadows Dr				Date of Public Distribution/Dissemination
	211 Hidden Meadows Dr				Amount
	City State		Zip Code		6.30
	Benton AR Purpose of Expenditure		72015		Transaction ID: ce49c443-7768-4bb8-b Date of Disbursement or Obligation
	Mileage		Category/ Type 002		11 01 2014
	Name of Federal Candidate		Support	Office	Sought: House District: 00
	Mr. Mark L Pryor		X Oppose		President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought	7	226127.16	Disbur 2014	rsement For:  Primary
(:	a) SUBTOTAL of Itemized Independent Expenditures				31.30
•					
(	b) SUBTOTAL of Unitemized Independent Expenditures	•••••		··· <b>•</b>	4 4
(	c) TOTAL Independent Expenditures			··· <b>•</b>	
W	Under penalty of perjury I certify that the independent expend with, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.				
		ectron	nically Filed] Date	e 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Topeka KS 66609  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Transaction ID: 58daa990-8991-494e Date of Disbursement or Obligation  Mailing Address 3722 SE Evans Dr  Category/ Type 001  Transaction ID: 58daa990-8991-494e Date of Disbursement or Obligation  Mailing Address 3722 SE Evans Dr  Transaction ID: 7bd3a84a-cb19-46eb Date of Disbursement or Obligation  Mailing Address Support  Category/ Type 002  Name of Federal Candidate  Support  Office Sought: House District:	1/48
Check if ≥ 24-hour report	ER ▼
Check if	
Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Support Senate State:  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 3722 SE Evans Dr  City State Zip Code President Senate State:  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Topeka KS 66609  Full Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Category/ Topeka KS 66609  Purpose of Expenditure Mileage  Category/ Type O02  Name of Federal Candidate Support Office Sought Senate State:  Category/ Type O02  Category/ Type O02  Name of Federal Candidate Support Office Sought Senate State:  Category/ Type O02  Name of Federal Candidate Support Office Sought Senate State:  Category/ Type O02  Category/ Type O02  Category/ Type O02  Name of Federal Candidate Support Office Sought House District:  Calendar Year-To-Date Per Election for Office Sought Senate State:  Calendar Year-To-Date Per Election for Office Sought Office Sought Senate State:  Calendar Year-To-Date Per Election for Office Sought Office Sought Office Sought Senate State:  Calendar Year-To-Date Per Election for Office Sought Office S	Y
Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Salary  Name of Federal Candidate Mailing Address 3722 SE Evans Dr  Calendar Year-To-Date Per Election for Office Sought  Mailing Address 3722 SE Evans Dr  Amount  11 01 2014  Amount  Category/ O01 11 01 2014  Name of Federal Candidate Search Senate State: Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Category/ O02 11 01 01 01 01 01 01 01 01 01 01 01 01	ation
City Topeka KS 66609  Purpose of Expenditure Salary    Category/ Type   O01   Mailing Address 3722 SE Evans Dr	
Topeka KS 66609    Transaction ID : 58daa990-8991-4946   Date of Disbursement or Obligation	
Topeka KS 66609    Transaction ID : 58daa990-8991-4946	0.00
Purpose of Expenditure Salary    Category/ Type	le-b
Mr. Greg Orman    Support   College Sought   College Sou	
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State:   Mr. Greg Orman   President   Primary   Greg Orman   President   Primary   Greg Orman   President   Primary   President   Primary   President   Primary   Primary   President   Primary   Primary   President   Primary   President   Primary   President   Primary   President   Primary   Primary   Primary   President   Primary   President   Primary   Primary	00
Per Election for Office Sought  Per Election for Office Sought  206128.45  2014  Other (specify) ▶  Date of Public Distribution/Disseminating Address 3722 SE Evans Dr  Amount  City  Topeka  State  Zip Code  Transaction ID : 7bd3a84a-cb19-46eb Date of Disbursement or Obligation  Purpose of Expenditure  Mileage  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date  Per Election for Office Sought  Calendar Year-To-Date  Per Election for Office Sought  Date of Public Distribution/Disseminating In the proposed in	KS
Full Name of Payee Heidi R Robinson  Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Mileage  Category/ Mileage  Category/ Type  Ouz  Tinnsaction ID: 7bd3a84a-cb19-46eb Date of Disbursement or Obligation  Put y y y y y y y y y y y y y y y y y y y	eneral
Mailing Address 3722 SE Evans Dr  City State Zip Code Topeka KS 66609  Purpose of Expenditure Mileage  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Office Sought: House District:  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  Oppose  President X Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  Other (specify)	
City State Zip Code 5.7  Topeka KS 66609 Transaction ID : 7bd3a84a-cb19-46eb Date of Disbursement or Obligation  Purpose of Expenditure Mileage Category/ Type 002 M1 01 2014  Name of Federal Candidate Mr. Greg Orman Support  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code 5.7  Transaction ID : 7bd3a84a-cb19-46eb Date of Disbursement or Obligation  Mr. Greg Orman Support  Office Sought: House District: Mr. Greg Orman State: Mr. Senate State: Mr. Greg Orman Other (specify) Other (	
Topeka KS 66609  Transaction ID : 7bd3a84a-cb19-46eb Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  Ou2  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  Ge Disbursement For: Primary  Ge Other (specify)  Other (specify)  Other (specify)	
Purpose of Expenditure Mileage  Category/ Type  Ou  Type  Type  Type  Type  Ou  Type  Type  Type  Ou  Type  Type  Type  Ou  Type  Type  Type  Ou  Type  T	.70
Purpose of Expenditure Mileage  Category/ Type  O02  M 11  O1  2014  Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Category/ Type  O02  M 11  O1  O1  2014  Support  Oppose  President  Senate  State:  Disbursement For: Primary  Ger 2014  Other (specify)  Other (specify)	b-8
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Oppose  President  Senate  State:  Disbursement For: 206128.45  Disbursement For: 2014  Other (specify)  Other (specify)	
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Oppose  President  Senate State:  Disbursement For:  206128.45  Other (specify)  Other (specify)	00
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primary  206128.45  Other (specify) ▶	KS
(a) SUBTOTAL of Itemized Independent Expenditures	eneral
	0
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poli party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11 03 2014	
Signature	

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Schedule Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Corban L Barnett	11 01 2014
Mailing Address 1001 N Prospect Ame	ount
City State Zip Code	60.00
Liberal KS 67901 <b>Trail</b>	nsaction ID: 1329e5f5-e6c7-4b99-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M - M / D - D / Y - Y - Y - Y - 1
Name of Federal Candidate Support Office Sou	ght: House District: 00
Mr. Greg Orman Oppose Pres	ident X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 206128.45  Disbursem	ent For:
Full Name of Payee Dat	re of Public Distribution/Dissemination
Corban L Barnett	11 01 2014
Mailing Address 1001 N Prospect Am	ount
City State Zip Code	1.20
	saction ID: 63e8ef75-1592-4992-b e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mr. Greg Orman Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 206128.45	nent For:  Primary  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	03 2014
Signature	

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OF

	neddie E)		FOR	SE OF I	FORM 24/48
	ME OF COMMITTEE (In Full)	FE	C IDENTIF	ICATIO	N NUMBER ▼
V۱	omen Speak Out PAC		C0053	0766	
 Che	eck if X 24-hour report 48-hour report New report Amends report filed	on	M / D	D /	Y = Y = Y = Y
٦	Full Name of Payee	Date of I	Public Distri	bution/D	Dissemination
	Chance B Ross	M 11			2014
	Mailing Address 920 W Gracewood Apt 106	Amount			
-	City State Zip Code				20.00
	Fayetteville AR 72701		tion ID : 0d		bded-4305-9 oligation
	Purpose of Expenditure Salary  Category/ Type 001	M 11	M / D		2014
1	Name of Federal Candidate Support Office	e Sought:	Hou	ıse D	istrict:00
	Mr. Mark L Pryor Oppose	President			State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 226127.16  Disbut 2014			Primary	X General
	Tel Election of Office cought		er (specify)		
	Full Name of Payee Chance B Ross	M	M / D	D /	Dissemination
	Mailing Address 920 W Gracewood Apt 106	1′ Amount		1	2014
	City State Zip Code				13.20
	·		on ID : 0f88		3e3-48d9-a
	Purpose of Expenditure Mileage  Category/ Type  002	Date of		ont or Or	2014
ŀ	Name of Federal Candidate Support Office	Sought:	Hou	ıse D	District: 00
	M M 11 B	President			State: AR
			For: For: For (specify)	Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures		-	-	33.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures		4	-7	1.00.1
(	(c) TOTAL Independent Expenditures		7		
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 1		03	2014	
	Signature		ا لنـ		

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OF

	modulo E)			FOR SE OF	FORM 24/48		
NAME OF COMMITTEE (In Full)				IDENTIFICATION	ON NUMBER ▼		
۷۷	omen Speak Out PAC		С	C00530766			
Check if Z 24-hour report 48-hour report New report Amends report filed on							
Т	Full Name of Payee			Date of Public Distribution/Dissemination			
	Marilyn Galliardt			M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y			
	Mailing Address 410 Wedgewood Ct			Amount			
ŀ	City State Zip Code				95.00		
	Hesston KS 67062			ID: 74069acf	-cc57-4453-a		
	Purpose of Expenditure Salary  Category/ Type 001		11	01	2014		
ľ	Name of Federal Candidate Support Office	e Sough	t:	House	District: 00		
	Mr. Greg Orman Oppose	Preside		X Senate	State: KS		
	Calendar Year-To-Date Per Election for Office Sought  Disbu 206128.45	ursemen		Primary	General		
ŀ	Full Name of Payee  Mariba Calliardt			Other (specify) ▶  Date of Public Distribution/Dissemination  11			
	Marilyn Galliardt						
	Mailing Address 410 Wedgewood Ct						
ŀ	City State Zip Code				48.00		
	Hesston KS 67062	Transa Date	i <b>ction</b> of Disl	ID: 40deacdc bursement or 0	<b>-7302-4544-8</b> Obligation		
	Purpose of Expenditure Mileage  Category/ Type  002		11	01 /	2014		
ŀ	Name of Federal Candidate Support Office	e Sough	ıt:	House	District:00		
	W 0 0	Preside		X Senate	State: KS		
	Calendar Year-To-Date Per Election for Office Sought  Disbut 206128.45			Primary	General		
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(	(c) TOTAL Independent Expenditures				11998.77		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Ms. Emily Buchanan [Electronically Filed] Date	1 /	03		4		
	Signature		_ <u>_</u>				
-		4					

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