Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	
Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
·	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	d on
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	M M / D D / Y Y Y Y
Mailing Address 7214 Duchamp Dr	06 16 2014
	Amount
City State Zip Code	20.00
Charlotte NC 23215	Transaction ID : e2213f1c-c334-42b2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 16 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 24004.90	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	00 10 2014
	Amount
City State Zip Code	5.70
Charlotte NC 23215	Transaction ID : 97b005bf-95dd-4ef9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ O02	M - M / D - D / Y - Y - Y
Type 502	06 16 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
	bursement For: Primary X General
Per Election for Office Sought 24004.90 201	4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	25.70
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Index and art Funanditures	
(c) TOTAL Independent Expenditures	1 47 47 1 45
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y Y
[Electronically Filed] Date	06 19 2014
Olymans -	

Schedule E)	LIVI EXI EN	DITORILO	PAGE 2 OF 39 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 X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 16 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	15.00
Charlotte	NC	23215	Transaction ID : 9afa4d2b-dfed-426a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 16 / 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		24004.90	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 16 2014
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	4.80
Charlotte	NC	23215	Transaction ID: c3ce691b-9879-473c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 16 / 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	7	24004.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 19.80
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
(b) CODICIAL OF CHICAMIZED INDEPENDENT EXPE			4 4 4
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 19 2014
5.g.iataro			

Schedul	e E)	. EXI END	TORLES		PAGE 3 OF 39 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
					0
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
	ame of Payee y Bryson			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	J Address 216 Dogwood Ln			Amou	unt
City		State	Zip Code	— I.	80.00
Belmo	ont	NC	28012		saction ID : 669353c9-62ea-4350-a
Purpos Salary	se of Expenditure		Category/ Type 001		of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Ka	ay Hagan		Support Oppose	Presid	NC
-	alendar Year-To-Date		21224.20	Disbursemer	
Pe	er Election for Office Sought	7 7	24004.90	2014 c	Other (specify)
	ame of Payee / Bryson		_		of Public Distribution/Dissemination
	•			[M 06
Mailing	g Address 216 Dogwood Ln			Amou	unt
City		State	Zip Code		33.30
Belmo	ont	NC	28012	Transa	action ID : e40ffda6-bfc1-4b03-a of Disbursement or Obligation
Purpos Mileas	se of Expenditure ge		Category/ Type 002		06 / 16 / 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Ka	ay Hagan		Oppose	Presid	NO.
	alendar Year-To-Date er Election for Office Sought	7	24004.90	Disbursemer 2014	nt For:
(a) SUE	BTOTAL of Itemized Independent Expenditure	:S		▶	113.30
(b) SUE	STOTAL of Unitemized Independent Expendit	ures		·· •	7 1 7 1 7
(c) TOT	FAL Independent Expenditures			· •	
with, or	penalty of perjury I certify that the independe at the request or suggestion of, any candida ammittee) any political party committee or its	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 06	19 2014
Signa	ature		_		

Schedule	e E)	IVI EXI EIVE			PAGE 4 OF 39 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Womer	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y B Y B Y B Y
Full Na Mr.	me of Payee Alex Peyton				of Public Distribution/Dissemination
	•			M	06 / 16 / 2014
Mailing	Address 859 Hicks Rd			Amour	nt
City		State	Zip Code		30.00
Washii	ngton	LA	70589		action ID : ad30c063-e55e-467a-8 of Disbursement or Obligation
Purpose Salary	e of Expenditure		Category/ Type 001		06 16 2014
Name of	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ary L Landrieu		X Oppose	Preside	ent Senate State: LA
	alendar Year-To-Date er Election for Office Sought	7	26941.15	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
	me of Payee			Date of	of Public Distribution/Dissemination
Mir. <i>F</i>	Alex Peyton			M	06 16 2014
Mailing	Address 859 Hicks Rd			Amou	
				Allou	
City		State	Zip Code	Transa	16.80
Washi		LA	70589	Date of	ction ID: d4244a81-ceda-4479-8 If Disbursement or Obligation
Purpos Mileag	e of Expenditure le		Category/ Type 002	M	06 / 16 / Y Y Y Y Y Y Y
1	of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Ma	ary L Landrieu		Oppose	Preside	ent X Senate State: LA
	alendar Year-To-Date er Election for Office Sought		26941.15	Disbursemen 2014 O	t For:
(a) SUB	TOTAL of Itemized Independent Expenditu	ıres		•	46.80
(b) SUB	TOTAL of Unitemized Independent Expen	ditures			
(c) TOT	AL Independent Expenditures			•	7
with, or a	enalty of perjury I certify that the indepen at the request or suggestion of, any candi mmittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	06	19 2014
Signa	ature				

Sch	edule E)	EXI END	101120				PAGE 5 OF 39 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Chec	ck if 24-hour report X 48-hour report	New repo	ort Amei	nds repo	rt filed on	M = M /	D = D / Y = Y = Y
	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Mr. Haley Brown				[06	16 2014
	Mailing Address 344 Natalie Drive				Amo	unt	
	Dity	State	Zip Code		$-\Gamma$		30.00
- 1	Winston-Salem	NC	27030				ID: e3cb1c6c-5398-43ff-9 ursement or Obligation
_	Purpose of Expenditure Salary		Category/ Type	001		M M 06	16 2014
١	Name of Federal Candidate		Su	pport	Office Soug	ıht:	House District: 00
	Ms. Kay Hagan			pose	Presi	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		24004.90		Disburseme	ent For: Other (sp	Primary
	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Т	Mr. Haley Brown					M M M	16 2014
ī	Mailing Address 344 Natalie Drive				_ '	00	2011
					Amo	ount	
(City	State	Zip Code				6.30
	Winston-Salem	NC	27030				D: 2eac8915-7370-4b9b-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		06	16 2014
1	Name of Federal Candidate		Su	ıpport	Office Souç	ght:	House District:00
L	Ms. Kay Hagan		X of	opose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , , ,	24004.90		Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				· •		36.30
(b) SUBTOTAL of Unitemized Independent Expenditure	res			· • [
(с) TOTAL Independent Expenditures				· [1 7	7
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its again.	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M	19	/ Y Y Y Y Y Y 2014
	Signature		_	_4.0			

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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 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
Mr. Roger McKinney		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street	Amo	punt
City Sta	ate Zip Code	70.00
Pilot Mountian N	C 27041 Trai	nsaction ID : fc846d3f-3c3b-4b5a-a e of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 16 2014
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Kay Hagan	Oppose Presi	NO NO
Calendar Year-To-Date Per Election for Office Sought	24004.90 Disburseme 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Mr. Roger McKinney Mailing Address 308 West Main Street		e of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Sta	ate Zip Code	11.22
	C 27041 Tran	saction ID : 37becd50-cc0b-439a-8 e of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 / 16 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan	Oppose Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	24004.90 Disbursem 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	· _	81.22
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	7 7 7
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 agent	authorized committee or agent of either, or (
Ms. Emily Buchanan	[Electronically Filed] Date 06	19 2014
Signature		

PAGE

OF

39

Schedule E)	LIVI EXI EN	DITORILO	PAGE 7 OF 39 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 X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	70.00
Plot Mountain	NC	27041	Transaction ID : 2d0a7431-d43e-433a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 16 / 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		24004.90	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee	<u>-</u>		Date of Public Distribution/Dissemination
Belinda Blake			06 16 2014
Mailing Address 7214 Duchamp Dr.			Amount
City	State	Zip Code	35.00
Char	NC	28215	Transaction ID : f738010b-efbf-4b8e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 16 / 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	7	24004.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. ▶ 105.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 19 / 2014
g			

Schedule E)	ZENT EXTEND	J. 1 0 1 1 2 0		PAGE 8 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
			M M /	/ D = D / Y = Y = Y
Check if 24-hour report X 48-hour report	t New re	eport Amends repo	ort filed on	
Full Name of Payee Belinda Blake			M = M	c Distribution/Dissemination
Mailing Address 7214 Duchamp Dr.			06 Amount	16 2014
C'A.	Ctata	7:2 Codo		5.70
City Char	State NC	Zip Code 28215		5.70 ID: 497338dc-669b-4231-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	16 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
Ms. Kay Hagan		X Oppose		X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24004.90	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Ms. Ashlen Sandoz			M = M	ic Distribution/Dissemination
Mailing Address 204 Ranger Place			06 Amount	16 2014
City	State	Zip Code		20.00
Slidell	LA	70115	Transaction II Date of Disbu	D: a1e8eb9c-79d2-4f95-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 06	16 / 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		26941.15	Disbursement For: 2014 Other (sp	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures			25.70
(b) SUBTOTAL of Unitemized Independent Exp	penditures		•	
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan	[Electro	onically Filed] Date	9 06 19	/ Y Y Y Y Y Y 2014
Signature		_		

Schedule E)				PAGE 9 OF 39 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 X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Ms. Amanda Posey				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 819 Lyons St			Amount	
City	State	Zip Code		50.00
New Orleans	LA	70115		ction ID : 0b77fe22-0dd9-4f68-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	06 / 16 / 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. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	, , ,	26941.15	Disbursement 2014 Oth	For: Primary ☐ General ler (specify) ►
Full Name of Payee			Date of	Public Distribution/Dissemination
Theresa Burkhart				06 16 2014
Mailing Address 3126 Chester Ct				لىنىا لنا ك
			Amount	
City	State	Zip Code		50.00
Metairie	LA	70006	Transac Date of	tion ID: bd033662-15b0-47ef-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		6 / 16 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	Presider	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	əs		· •	100.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. •	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	[Electron	nically Filed] Date	M = M / 06	19 2014
Signature				

Sc	chedule E)		PAGE 10 OF 39 OR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		NTIFICATION NUMBER ▼
M	Vomen Speak Out PAC		00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report fi	filed on/	D = D / Y = Y = Y
1	Full Name of Payee	Date of Public C	Distribution/Dissemination
	Ms. Tonya Boyd	06	16 / 2014
	Mailing Address 2357 Fancy Cap Rd	Amount	
	City State Zip Code		100.00
	Mt. Airy NC 27030		: bd57da31-06c9-4459-8 ement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M = M /	16 / 2014
	Name of Federal Candidate Support O	Office Sought:	House District:00
	Ms. Kay Hagan Oppose		Senate State: NC
	Odichadi Todi To Bato	oisbursement For: O14 Other (special)	Primary ☐ General
	Full Name of Payee	Date of Public [Distribution/Dissemination
	Ms. Tonya Boyd	M = M /	16 / Y Y Y Y Y Y
	Mailing Address 2357 Fancy Cap Rd	06	16 2014
	2337 Falley Cap Nu	Amount	
	City State Zip Code		18.21
	Mt. Airy NC 27030	Transaction ID : Date of Disburs	9df86aef-4e7a-4f90-8 ement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	06	16 / 2014
	Name of Federal Candidate Support O	Office Sought:	House District:00
	Ms. Kay Hagan Oppose	President X	
		Disbursement For: 014 Other (spec	Primary X General
	(a) CUDTOTAL of the second balance deat Former distance		11001
	(a) SUBTOTAL of Itemized Independent Expenditures	,	118.21
	(b) SUBTOTAL of Unitemized Independent Expenditures	·	7
	(c) TOTAL Independent Expenditures		7 1 7
1	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	06 19	2014
	Signature		

Schedule E)	10L: L:10L:11. L:1. L:1.			PAGE 11 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 4	8-hour report New rep	port Amends repo	rt filed on	
Full Name of Payee Mr. Matthew Beardsley	y		M M /	Distribution/Dissemination
Mailing Address 3683 Olga Lee [Drive		06	16 2014
			Amount	
City	State	Zip Code		7.50
Baton Rouge	LA	70816		D: d3a68a8c-3773-4405-9 irsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	16 / 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	26941.15	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Mr. Matthew Beardsley			M M M M	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3683 Olga Lee	e Drive			
			Amount	
City	State	Zip Code		1.74
Baton Rouge	LA	70816	Transaction ID Date of Disbu	D: 3ecb0aa3-0f6e-4ff9-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 /	16 7 2014
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 Soug	lht	26941.15	Disbursement For: 2014 Other (sp	Primary
				.,
(a) SUBTOTAL of Itemized Indepo	endent Expenditures		· •	9.24
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		•	1.5.1.5
(c) TOTAL Independent Expenditu	ıres		•	7
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	M M / D D D D D D D D D D D D D D D D D	2014
Signature				

Schedule	E)				PAGE 12 OF 39 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
		V			M / D D / Y Y Y Y
Check if	24-hour report X 48-hour report	X New rep	oort Amends repo	ort filed on	
	ne of Payee HARY VIDRINE				of Public Distribution/Dissemination
Mailing A	Address 202 RUE DES CAJUN			Amou	
City		State	Zip Code		40.00
VILLE P	PLATTE	LA	70586		action ID: c189e383-a401-4eb2-a of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001		06 16 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. Mar	y L Landrieu		X Oppose	Preside	ent Senate State: LA
	endar Year-To-Date Election for Office Sought	7	26941.15	Disbursemen 2014 O	t For: Primary X General
	ne of Payee HARY VIDRINE				of Public Distribution/Dissemination
Mailing A	Address 202 RUE DES CAJUN			Amou	
City		State	Zip Code		20.40
VILLE F		LA	70586	Transa Date	ction ID: 8792d66a-b274-4324-8 of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		06 16 2014
Name of	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mar	y L Landrieu		Oppose	Preside	
	endar Year-To-Date Election for Office Sought	17 117	26941.15	Disbursemen 2014 O	t For:
(a) SUBT	TOTAL of Itemized Independent Expend	litures			60.40
(b) SUBT	OTAL of Unitemized Independent Expe	enditures		. •	
(c) TOTA	L Independent Expenditures			· [
with, or at	nalty of perjury I certify that the indepet the request or suggestion of, any can mittee) any political party committee or	didate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06	19 / 2014
Signati	ure		_		

Sch	edule E)	L/(1 = 1.12 :	1101120				PAGE 13 OF 39 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
						M = M /	/ D = D / Y = Y = Y
Chec		New repo	ort Amei	nds repo	rt filed on		
F	Full Name of Payee Christopher Marquess					of Public	c Distribution/Dissemination
N	Mailing Address 110 W Pecan St				Amo		20.1
	Dity	State	Zip Code				40.00
- 1	Ville Platte	LA	70586				ID: 86e509ea-a81b-48c1-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M M 06	16 2014
N	Name of Federal Candidate		Su	upport	Office Soug	ht:	House District:00
	Ms. Mary L Landrieu			opose	Presid		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		26941.15		Disburseme	nt For: Other (sp	Primary
F	Full Name of Payee Ralph Smith				Date		c Distribution/Dissemination
-	Marthan Address					06	16 2014
ľ	Mailing Address 2090 Fancy Gap Rd				Amo	unt	
	City	State	Zip Code				50.00
_	Mt. Airy	NC	27030				D: 612175f6-cc70-467d-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001] [M 06	16 2014
1	Name of Federal Candidate		Sı	upport	Office Soug	jht:	House District: 00
Ľ	Ms. Kay Hagan		X O	ppose	Presid	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7 7	24004.90		Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures						90.00
\ -	, 000.00						4
(b) SUBTOTAL of Unitemized Independent Expenditure	res			•	-	
(c) TOTAL Independent Expenditures				• [
wit	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	19	2014
	Signature		_				

Schedule E)	DEIVI EXI EN	DITOTILO	PAGE 14 OF 39 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 X 48-hour report	rt New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 16 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	9.90
Mt. Airy	NC	27030	Transaction ID: 04646cf6-3e2f-4bfa-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 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
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	24004.90	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Ms. Laura Jaen			06 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 821 Honeysuckle St.			Amount
City	State	Zip Code	40.00
Gretna	LA	70056	Transaction ID : 210c6e81-11b3-4afc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 16 / Y Y Y Y Y Y Y
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		26941.15	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		49.90
(a) 00210112 of nonless maspensorit 2/po			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			•
	andidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sc	hedule E)	AI LINDI	TOTILO		PAGE 15 OF 39 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
 Che	eck if 24-hour report X 48-hour report	✓ New repo	ort Amends repo	rt filed on	T = M / D = D / Y = Y = Y
_					
	Full Name of Payee Ms. Laura Jaen				of Public Distribution/Dissemination 06
	Mailing Address 821 Honeysuckle St.			Amou	int
ŀ	City Sta	ate	Zip Code		7.20
		-A	70056		saction ID : a89181c6-64fa-4be5-a of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement 2014 O	nt For: Primary X General Other (specify) ▶
	Full Name of Payee			Date of	of Public Distribution/Dissemination
	Lily Green			M	06 16 2014
ľ	Mailing Address 205 Medallion Circle			Amou	حندالنالت
-	City Sta	ate	Zip Code		35.00
	•	_A	71119	Transa Date	action ID: 02ef22fa-59d1-4edc-9 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 / 16 / 2014
ľ	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Ms. Mary L Landrieu		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursemen 2014 O	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	42.20
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures			· -	
W	Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		-		

Schedule E)	100111 011 0110	1101120		PAGE 16 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				000000700
Check if 24-hour report X 48-hour rep	ort New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Lily Green			06	/ D D / 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		13.50
Shreveport	LA	71119		on ID: 53af8f8f-d618-4f4b-a sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Di	
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		26941.15	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee				ublic Distribution/Dissemination
James Tatro			06	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1208 Braeburn Rd				السلما الثنا ال
			Amount	
City	State	Zip Code		40.00
Charlotte	NC	28211	Transaction Date of Di	n ID : 2bf3dce3-a216-4bad-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06	/ 16 / 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		24004.90	Disbursement For 2014 Other	r: Primary X General (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	53.50
(b) SUBTOTAL of Unitemized Independent 6	Expenditures		. •	7.1.7.1.7.1
(c) TOTAL Independent Expenditures			·	7.1.7.1.7.1
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	9 06 1	
Signature		_		

Sc	hedule E)		101120			PAGE 17 OF 39 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				_	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					000530766
Che	ck if 24-hour report X 48-hour report New	w repo	ort Amends repor	rt filed on	M = M /	D D / Y Y Y Y
Т	Full Name of Payee			Dat	te of Public	Distribution/Dissemination
	James Tatro			Dat	M M / 06	16 2014
	Mailing Address 1208 Braeburn Rd			Am	ount	
ŀ	City State		Zip Code			4.20
	Charlotte NC		28211			D: 2cca6a0a-fcdd-4485-a sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		06	16 / 2014
ı	Name of Federal Candidate		Support	Office Sou	ıght:	House District: 00
	Ms. Kay Hagan		X Oppose	Pres	sident X	
	Calendar Year-To-Date Per Election for Office Sought	- 1	24004.90	Disbursem 2014	nent For:	Primary
ſ	Full Name of Payee			Da	te of Public	Distribution/Dissemination
1	Jeanne Tribou				06 /	17 2014
ľ	Mailing Address 22369 Ponderosa Dr.				00	
1				Am	ount	
ŀ	City State		Zip Code			30.00
	Mandeville LA		70471	Trar Da	nsaction ID te of Disbur	: 4e21fdb1-2dcc-44d3-a rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 06 /	17 Y 2014
ľ	Name of Federal Candidate		Support	Office Sou	ught:	House District: 00
	Ms. Mary L Landrieu		Oppose	Pres	sident	
	Calendar Year-To-Date Per Election for Office Sought	7	26941.15	Disbursem 2014	nent For: Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	- -	34.20
(b) SUBTOTAL of Unitemized Independent Expenditures			•		
(c) TOTAL Independent Expenditures			•		7
W	Under penalty of perjury I certify that the independent expendition, or at the request or suggestion of, any candidate or authorarty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectroni	cally Filed] Date	M = M 06	/ 19	2014
	Signature		_			

Schedule E)	INI EXI ENL	JITONES	PAGE 18 OF 39 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 X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			06 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	1.80
Mandeville	LA	70471	Transaction ID : b16e1559-b7f0-4f75-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 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
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 17 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	25.00
Charlotte	NC	23215	Transaction ID : 519937ff-3b20-4bb6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 17 / 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	-,,	24004.90	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		26.80
(b) SUBTOTAL of Unitemized 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 authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Soficadic L)	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 Dat	te of Public Distribution/Dissemination
Lorri Anderson	06 17 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	6.00
Charlotte NC 23215 Tra	Insaction ID : a0037611-4ea0-4b0a-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 17 7 2014
Name of Federal Candidate Support Office Sou	ıght: House District: 00
Mc Koy Hogon	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 24004.90 Disbursem	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Date	te of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr.	06 17 2014 nount
City State Zip Code	50.00
Char NC 28215 Tran	nsaction ID: 556cf209-fd9d-4ca6-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / DDD / 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. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 24004.90	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	56.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 7 1 7 1
(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 06	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

39

Schedule E)		IN EXILINA	II OILEO		PAGE 20 OF 39 FOR SE OF FORM 24/48
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	peak Out PAC				C C00530766
Charle if 24	I-hour report X 48-hour report	X New rep	Amanda rana	ort filed on	= M / D = D / Y = Y = Y
Check if24	I-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	
Full Name of Belinda					of Public Distribution/Dissemination
Mailing Add	ress 7214 Duchamp Dr.			Amou	
City		State	Zip Code	— IL.	15.00
Char		NC	28215		action ID : a024cc6a-94d0-4f5e-a of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	М	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Ha	gan		X Oppose	Preside	NC NC
	ar Year-To-Date ection for Office Sought	· · · · · ·	24004.90	Disbursemen 2014 O	t For: Primary ⊠ General
Full Name of Lorri And					of Public Distribution/Dissemination
				IM	06 17 2014
Mailing Add	ress 7214 Duchamp Dr			Amou	nt
City		State	Zip Code		20.00
Charlotte		NC	23215	Transa Date o	ction ID: 92750397-780c-40ca-9 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	M	06 17 / Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Ha	gan		X Oppose	Preside	ent Senate State: NC
	lar Year-To-Date ection for Office Sought		24004.90	Disbursemen 2014 O	t For: Primary
(a) SUBTOT	AL of Itomizad Indonendary Francisch	- Luca			25.22
(a) SUBTOTA	AL of Itemized Independent Expendit	ures		· L.	35.00
(b) SUBTOTA	AL of Unitemized Independent Expen	ditures		. •	72 1 72 1 72
(c) TOTAL In	ndependent Expenditures			•	7 1 7 1 7
with, or at the	y of perjury I certify that the indeper e request or suggestion of, any cand tee) any political party committee or i	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 06	19 / 2014
Signature			_		

Schedule E)		ENT EXILID	TI OTILO		PAGE 21 OF 39 FOR SE OF FORM 24/48
	IMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	peak Out PAC				C C00530766
Check if 24	l-hour report X 48-hour report	New rep	port Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of	of Pavee			Date o	of Public Distribution/Dissemination
Lorri An	derson			M	06 17 2014
Mailing Add	ress 7214 Duchamp Dr			Amour	nt
City		State	Zip Code		4.80
Charlotte		NC	23215		action ID: 0b05efbe-1963-4094-b of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002		06 17 / 2014
Name of Fe	deral Candidate		Support	Office Sought	:: House District: 00
Ms. Kay Ha	gan		X Oppose	Preside	NC NC
	ar Year-To-Date ection for Office Sought	.,,	24004.90	Disbursement 2014 Ot	For: Primary
Full Name				Date o	of Public Distribution/Dissemination
Katlynn	Cockerham				M / D D / Y Y Y Y
Mailing Add	ress 4070 Lyman Dd			L	06 17 2014
	ress 4970 Lyman Rd			Amour	nt
City		State	Zip Code		60.00
Winston Sa		NC	27105	Transac Date of	ction ID : 3c8bd98e-eabb-4253-a of Disbursement or Obligation
Salary	Expenditure		Category/ Type 001		06 17 2014
Name of Fe	ederal Candidate		Support	Office Sought	t: House District: 00
Ms. Kay Ha	gan		X Oppose	Preside	
	ar Year-To-Date ection for Office Sought		24004.90	Disbursement 2014 Ot	t For:
(a) SUBTOT	AL of Itemized Independent Expend	ditures		▶	64.80
(b) SUBTOT	AL of Unitemized Independent Exp	enditures		. •	7 1 7 1 7
(c) TOTAL In	ndependent Expenditures			· •	7 1 7 1 7
with, or at the		ndidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
_	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Schedule E)	DEINI EXI EN	DITORILO	PAGE 22 OF 39 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C					
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on			
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination			
Mailing Address 4970 Lyman Rd			06 17 2014			
			Amount			
City	State	Zip Code	16.20			
Winston Salem	NC	27105	Transaction ID: 2ad23fa6-b15f-4917-a Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	06 / 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			
Ms. Kay Hagan		X Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	7	24004.90	Disbursement For: Primary General General Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination			
Katlynn Cockerham			06 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4970 Lyman Rd			Amount			
City	State	Zip Code	50.00			
Winston Salem	NC	27105	Transaction ID : f8fa76ac-5ec5-474c-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	06 / 17 / 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		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		24004.90	Disbursement For: Primary General 2014 Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Exper	ditures		66.20			
			7 7 7			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•			
(c) TOTAL Independent Expenditures			•			
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political			
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Olynatul c						

Schedule E)		Dironeo	⊢	PAGE 23 OF 39 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC)			00530766
Check if 24-hour report	48-hour report New re	eport Amends repor	t filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Katlynn Cockerham			M M /	17 / 2014
Mailing Address 4970 Lyman F	₹d		Amount	
City	State	Zip Code		7.80
Winston Salem	NC	27105		: 4b2daac9-b4e3-45b9-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	NC NC
Calendar Year-To-Date Per Election for Office Sou	ught	24004.90	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee Mr. Roger McKinney			M = M /	Distribution/Dissemination
Mailing Address 308 West M	lain Street		06 Amount	17 2014
City	State	Zip Code		70.00
Pilot Mountian	NC	27041	Transaction ID Date of Disburs	: 88b7f657-d47e-4d5d-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	
Calendar Year-To-Date Per Election for Office So	ught	24004.90	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Inde	ependent Expenditures		>	77.80
(b) SUBTOTAL of Unitemized In	ndependent Expenditures			
			-	7
(c) TOTAL Independent Expend	ditures		>	7
	y that the independent expenditure stion of, any candidate or authoriz arty committee or its agent.			
Ms. Emily Buchanan	[Electr	ronically Filed] Date	06 / 19	2014
Signature				

Schedule E	i)	ZIVI ZXI ZIVD	TI OTILO		PAGE 24 OF 39 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
.		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			- M / D - D / Y - Y - Y
	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	
Full Name Mr. Ro	of Payee ger McKinney			M	of Public Distribution/Dissemination 06 17 2014
Mailing Ad	dress 308 West Main Street			Amour	
City		State	Zip Code		14.73
Pilot Mou	ntian	NC	27041		action ID : 7e7d5f97-a808-4754-b of Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002	M	06 17 Y Y Y Y Y Y
Name of F	Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay H	lagan		Oppose	Preside	ent Senate State: NC
	dar Year-To-Date Election for Office Sought	.,.,	24004.90	Disbursement 2014 Ot	t For:
Full Name				Date of	of Public Distribution/Dissemination
Donna	Barrette				06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ldress 724 Harris Avenue				
				Amour	nt
City		State	Zip Code		50.00
Harahan	(5)	LA	70123	Transa Date o	ction ID : 66ea22f0-a097-4946-8 f Disbursement or Obligation
Salary	f Expenditure		Category/ Type 001		06 7 7 2014
Name of F	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Mary	L Landrieu		Oppose	Preside	ent Senate State: LA
	ndar Year-To-Date Election for Office Sought		26941.15	Disbursement 2014 Of	t For:
(a) SUBTO	TAL of Itemized Independent Expen	ditures		▶	64.73
(b) SUBTO	TAL of Unitemized Independent Exp	enditures		. •	
(c) TOTAL	Independent Expenditures			•	7 7 7
with, or at t	Ity of perjury I certify that the indep he request or suggestion of, any car ittee) any political party committee of	ndidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signatur	е				

	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 X 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
Lorri Anderson	06 17 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip C	Code 10.00
Charlotte NC 2321	
Purpose of Expenditure Salary Cate	regory/ Type 001 06 17 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	✓ Oppose President ✓ Senate NC
Calendar Year-To-Date Per Election for Office Sought 24004	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Davis	
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination 06 17 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip C	Code 3.60
Charlotte NC 2321	
Purpose of Expenditure Mileage Cate	regory/ Type 002 06 17 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 24	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	13.60
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commarty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 06 19 2014
Signature	200 17 17 2011

PAGE

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OF

39

,	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	on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Roger McKinney	06 17 2014
Mailing Address 308 West Main Street	Amount
City State Zip Code	65.00
Pilot Mountian NC 27041	Transaction ID : 2b663a24-e6a6-4bde-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / D D / 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	ursement For: Primary
Full Name of Payer	
Full Name of Payee Mr. Roger McKinney	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 308 West Main Street	Amount
City State Zip Code	14.22
Pilot Mountian NC 27041	Transaction ID : 67cc9430-c420-477e-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 17 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	79.22
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not 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	06 19 2014
Signature	

PAGE

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OF

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Schedule E)	NDENT EXI END	ATOTILO	PAGE 27 OF 39 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 X 48-hour rep	ort New re	port Amends repo	ort filed on
Full Name of Payee Glenda McKinney			Date of Public Distribution/Dissemination
<u> </u>			06 17 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	65.00
Plot Mountain	NC	27041	Transaction ID : a8fa15d3-7769-4c34-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 17 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		24004.90	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Theresa Burkhart			06 17 2014
Mailing Address 3126 Chester Ct			Amount
City	State	Zip Code	50.00
Metairie	LA	70006	Transaction ID: 40c82fa5-4912-4d11-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 17 / 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. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	penditures		. ▶ 115.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		
			4 4
(c) TOTAL Independent Expenditures			•
	candidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 06 19 7 2014
- 3			

Schedule E)	IN EXILIN	DITORILO	PAGE 28 OF 39 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 X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 17 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	30.00
Mt. Airy	NC	27030	Transaction ID: 888f04ef-95eb-437e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 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
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24004.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			06 17 2014
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	4.50
Mt. Airy	NC	27030	Transaction ID: 3b56f1c5-e0f7-4687-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 17 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		24004.90	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		34.50
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	lidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	9 06 19 7 2014
=			

Schedule E)	EXI END					PAGE 29 OF 39 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 X 48-hour report	X New rep	ort Am	ends repo	rt filed on	И = M	/ D = D / Y = Y = Y = Y
Full Name of Payee ZACHARY VIDRINE					M M	ic Distribution/Dissemination
Mailing Address 202 RUE DES CAJUN				Amou	06 unt	17 2014
City	State	Zip Code				40.00
VILLE PLATTE	LA	70586				ID: ff3ac23c-76b4-44fc-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		06	17 / 2014
Name of Federal Candidate		<u>'</u>	Support	Office Soug	nt:	House District:00
Ms. Mary L Landrieu		X	Oppose	Presid	lent	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15		Disbursement 2014		Primary
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination
Christopher Marquess					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St				Amo		
	<u> </u>					
City Ville Platte	State LA	Zip Code 70586				40.00 D : 49cdc598-2599-4206-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		M 06	17 2014
Name of Federal Candidate			Support	Office Soug	ht:	House District: 00
Ms. Mary L Landrieu			Oppose	Presid	dent	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,	26941.1	5	Disburseme 2014		Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.				·		80.00
(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 ag	or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M /	19	2014
Signature						

Schedule E)	DENT EXI END	ATTOTILES	PAGE 30 OF 39 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 X 48-hour repo	rt New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			06 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	13.80
Ville Platte	LA	70586	Transaction ID: a878b1a3-2ca6-4192-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 D D / 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. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	26941.15	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			06 17 2014
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	50.00
Washington	LA	70589	Transaction ID: b602d8fb-32aa-4d39-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 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
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		63.80
(1) OUDTOTAL (11 %) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent E.	cpenditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedu	ile E)	TI EXI END	1101120		PAGE 31 OF 39 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on □	M = M / D = D / Y = Y = Y
Full N	Name of Payee			Date	of Public Distribution/Dissemination
Mr.	. Alex Peyton				06 17 2014
Mailir	ng Address 859 Hicks Rd			Amou	unt
City		State	Zip Code		26.70
	hington	LA	70589		saction ID: 312d6699-54e7-47ef-b of Disbursement or Obligation
Purpo Milea	ose of Expenditure age		Category/ Type 002		06 17 2014
Name	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. I	Mary L Landrieu		Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursemer 2014	nt For: Primary
	Name of Payee			Date	of Public Distribution/Dissemination
Ms	. Amanda Posey				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailir	ng Address 819 Lyons St			L	00 17 2014
	0. 0 -y			Amou	unt
City		State	Zip Code	— I L	50.00
	v Orleans	LA	70115	Transa Date	action ID : 2bfbe8db-f3bf-44d7-a of Disbursement or Obligation
Purpo Sala	ose of Expenditure ary		Category/ Type 001		M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	26941.15	Disbursemer 2014	ont For:
(a) Sl	JBTOTAL of Itemized Independent Expenditure	res		•	76.70
(b) Sl	JBTOTAL of Unitemized Independent Expend	itures		·· •	
(c) TC	OTAL Independent Expenditures			·· •	
with, o	penalty of perjury I certify that the independ or at the request or suggestion of, any candid committee) any political party committee or its	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 06	19 / 2014
Sig	nature		_		

Sc	hedule E)	L /(1 = 1.12 :	1101120		PAGE 32 OF 39 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Julie Clifton				of Public Distribution/Dissemination
-	Mailing Address 712 St. Martin Lane			Amou	06 17 2014
	City Bossier City	State LA	Zip Code 71111		22.20 saction ID : 11e3dafe-05c1-4753-9
ŀ	Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Support	Office Sough	ght: House District: 00
	Ms. Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement 2014	ent For: Primary X General Other (specify) ▶
	Full Name of Payee Julie Clifton				e 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 712 St. Martin Lane			Amo	punt
ľ	City	State	Zip Code		3.78
	Bossier City	LA	71111		saction ID: 9ea3104f-756f-4f9b-9 e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	$\square \mid \sqsubseteq$	06 / 17 / 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
	Ms. Mary L Landrieu		X Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	26941.15	Disburseme 2014	ent For: Primary
((a) SUBTOTAL of Itemized Independent Expenditures	\$			25.98
((b) SUBTOTAL of Unitemized Independent Expenditure	res		-	
((c) TOTAL Independent Expenditures				
٧	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 ag	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 06	19 / 2014
	Signature				

Schedule E)	באו בווס			PAGE 33 OF 39 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 X 48-hour report	New rep	ort Amends re	eport filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Lily Green				Date of Public Distribution/Dissemination
Mailing Address 205 Medallion Circle				06 17 2014 Amount
City	State	Zip Code		20.00
Shreveport	LA	71119		Transaction ID : 67444214-de5a-403c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 0	01	06 17 2014
Name of Federal Candidate		Support	t Office	Sought: House District:00
Ms. Mary L Landrieu		X Oppose	· F	President State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	26941.15	Disburs 2014	sement For: Primary General Other (specify) ▶
Full Name of Payee			<u> </u>	Date of Public Distribution/Dissemination
Lily Green				06 17 2014
Mailing Address 205 Medallion Circle				Amount
City	State	Zip Code		4.50
Shreveport	LA	71119		ransaction ID : db2eed25-1368-49a1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	02	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	t Office	Sought: House District: 00
Ms. Mary L Landrieu		X Oppose		President State: LA State:
Calendar Year-To-Date Per Election for Office Sought	, ,	26941.15	Disburs 2014	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		····· >	24.50
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		····· •	
(c) TOTAL Independent Expenditures			····· •	1 1 7 1 1 7 1 1 7 1
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	[Electron	nically Filed]	Date 06	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	LIVI LXI LIVI	DITOTILO	PAGE 34 OF 39 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 X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Laura Jaen			06 / 17 / 2014
Mailing Address 821 Honeysuckle St.			Amount
City	State	Zip Code	50.00
Gretna	LA	70056	Transaction ID : ae24a9a2-73f2-422b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 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
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Laura Jaen			06 17 2014
Mailing Address 821 Honeysuckle St.			Amount
City	State	Zip Code	7.50
Gretna	LA	70056	Transaction ID: b757e3c9-d088-4008-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 17 / 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. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		. ▶ 57.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures)
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 19 / 2014

Sc	chedule E)			PAGE 35 OF 39 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
W	/omen Speak Out PAC			C C00530766
Che	eck if 24-hour report X 48-hour report New report Amen	nds repo	rt filed on	M / D D / Y Y Y Y Y
Т	Full Name of Payee		Date of	f Public Distribution/Dissemination
	Ms. Tonya Boyd		M	
	Mailing Address 2357 Fancy Cap Rd		Amount	t
ŀ	City State Zip Code			100.00
	Mt. Airy NC 27030			ction ID: 73c65740-c3e3-4887-8 f Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001		06 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Sur	pport	Office Sought:	: House District: 00
	Ma Karallana	ppose	Presiden	NO.
	Calendar Year-To-Date Per Election for Office Sought 24004.90		Disbursement I 2014 Oth	For: Primary
Ī	Full Name of Payee		Date of	f Public Distribution/Dissemination
-	Ms. Tonya Boyd			M / D D / Y Y Y Y
ŀ	Mailing Address 2357 Fancy Can Rd			06 17 2014
	Mailing Address 2357 Fancy Cap Rd		Amount	ut
ľ	City State Zip Code			8.73
	Mt. Airy NC 27030		Transact Date of	ction ID : 5fb0985b-0417-48f5-8 f Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002		06 T7 Z014
ľ	Name of Federal Candidate Sur	ipport	Office Sought:	: House District: 00
	Ms. Kay Hagan Op	ppose	Presiden	
	Calendar Year-To-Date Per Election for Office Sought 24004.90		Disbursement 2014 Oth	For: Primary X General her (specify) ▶
,	() CUPTOTAL ():			1000
((a) SUBTOTAL of Itemized Independent Expenditures		-	108.73
((b) SUBTOTAL of Unitemized Independent Expenditures		·	7 1 7 1 7
((c) TOTAL Independent Expenditures		· [7 7 7
٧	Under penalty of perjury I certify that the independent expenditures reported hereing with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed]	Date	06 /	19 2014
	Signature			

Sch	edule E)	EXI ENDI	TOTILO				PAGE 36 OF FOR SE OF FORM 24/	39 ′48
	E OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBE	
Wo	omen Speak Out PAC					С	C00530766	
Chec	ck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M = M /	D = D / Y = Y = Y	Y
	Full Name of Payee Ms. Dinah Beverly				Da	te of Public	Distribution/Disseminat	ion
	,					06	17 / 2014	Y
ľ	Mailing Address 157 Bishop Drive				An	nount		
	Dity	tate	Zip Code				40	.00
	Avondale	LA	70064				D: c533430e-bbc2-438ersement or Obligation	6-a
	Purpose of Expenditure Salary		Category/ Type	001		06	17 / 2014	
1	Name of Federal Candidate		S	Support	Office So	ught:	House District:	00
	Ms. Mary L Landrieu)ppose	Pre	sident	Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought		26941.15		Disburser 2014	ment For: Other (sp	Primary X Ge	neral
	Full Name of Payee				Da	ate of Public	Distribution/Disseminat	tion
Т	Ms. Dinah Beverly					M M M	17 Y 2014	
	Mailing Address 157 Bishop Drive					00	2011	
Т					Ar	nount		
	City	State	Zip Code				3.0	00
		LA	70064		Tra	nsaction II ate of Disbu	: 6d25d609-8895-41cd irsement or Obligation	-9
	Purpose of Expenditure Mileage		Category/ Type	002		06	17 / 2014	
	Name of Federal Candidate			Support	Office So	ught:	House District:	00
	Ms. Mary L Landrieu		X	Oppose	Pre	esident	Senate State:	LA
	Calendar Year-To-Date Per Election for Office Sought	7	26941.15		Disburser 2014	ment For: Other (sp	Primary X Ge	neral
(2	SUBTOTAL of Itemized Independent Expenditures				. г		43.00	-
(a	g 306101AL of Remized Independent Expenditures					7	43.00	
(b	o) SUBTOTAL of Unitemized Independent Expenditures	s			. •			
(с	TOTAL Independent Expenditures				•			
wi	nder penalty of perjury I certify that the independent of th, or at the request or suggestion of, any candidate of arty committee) any political party committee or its age	or authorized						
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M = M 06	/ DID	/ Y Y Y Y Y Y Y Y 2014	
	Signature		_	24.0				

Sch	nedule E)				PAGE 37 OF 39 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Chec	ck if 24-hour report X 48-hour report New	w ren	ort Amends repo	rt filed or	M = M / D = D / Y = Y = Y
_		w icp	Amenda repo	Tt flica of	
	Full Name of Payee Jeanne Tribou				Date of Public Distribution/Dissemination 06 17 2014
	Mailing Address 22369 Ponderosa Dr.			A	Amount
-	City State		Zip Code		35.00
	Mandeville LA		70471		Transaction ID: 45346dbc-b45a-41e5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate		Support	Office S	Sought: House District: 00
L	Ms. Mary L Landrieu		X Oppose	P	resident Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	26941.15	Disburse 2014	ement For:
Γ	Full Name of Payee			[Date of Public Distribution/Dissemination
١	Jeanne Tribou				06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 22369 Ponderosa Dr.				لحنحا لحا لنا
١				<i> </i>	Amount
ı	City State		Zip Code		1.50
	Mandeville LA		70471	Tr	ransaction ID : eef30515-bc44-4247-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office S	Sought: House District: 00
	Ms. Mary L Landrieu		X Oppose	P	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7	26941.15	Disburs 2014	ement For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures			· L	36.50
(k	b) SUBTOTAL of Unitemized Independent Expenditures			•	
(0	c) TOTAL Independent Expenditures			•	
W	nder penalty of perjury I certify that the independent expend ith, or at the request or suggestion of, any candidate or authority committee) any political party committee or its agent.				
	Ms. Emily Buchanan	ectron	ically Filed] Date	M M M	19 2014
	Signature				

Sch	edule E)	LXI LIVE	TOTILO		PAGE 38 OF 39 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC				C C00530766
Checl	k if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
	ull Name of Payee			Date	of Public Distribution/Dissemination
	Darius Beverly			N	06 17 2014
I IV	failing Address 157 Bishop Drive			Amou	nt
С	Sity	State	Zip Code	$-\Gamma$	40.00
Å	Avondale	LA	70094		action ID: 27660136-503e-45eb-b of Disbursement or Obligation
	rurpose of Expenditure Salary		Category/ Type 001		06 17 / 2014
N	lame of Federal Candidate		Support	Office Sough	it: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursemen 2014 C	t For:
	ull Name of Payee			Date	of Public Distribution/Dissemination
- ['	Ms. Ashlen Sandoz			T.	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 204 Ranger Place			Amou	
- 1	,	State LA	Zip Code 70115	Transa	18.00 action ID : 4d5597e3-764a-4d16-8
	Slidell		70115	Date	of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		06 17 2014
Ν	lame of Federal Candidate		Support	Office Sough	nt: House District: 00
N	Ms. Mary L Landrieu		X Oppose	Presid	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		26941.15	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures.			•	58.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			
(c)	TOTAL Independent Expenditures			•	7
wit	der penalty of perjury I certify that the independent h, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M /	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature				

Schedule E)	iti Exi Eiti	DITORLO	PAGE 39 OF 39 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 X 48-hour report	New re	eport Amends repo	rt filed on			
Full Name of Payee Belinda Blake			Date of Public Distribution/Dissemination			
			06 18 / Y Y Y Y Y			
Mailing Address 7214 Duchamp Dr.			Amount			
City	State	Zip Code	30.00			
Char	NC	28215	Transaction ID: b0234645-a6dd-4b2d-a Date of Disbursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	06 18 7 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		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought	, , ,	24004.90	Disbursement For:			
Full Name of Payee			Date of Public Distribution/Dissemination			
Belinda Blake			06 / 18 / 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	6.30			
Char	NC	28215	Transaction ID: ea8a50df-b8f5-42d2-8 Date of Disbursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	06 / 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			
Ms. Kay Hagan		Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought		24004.90	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 36.30			
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•			
(c) TOTAL Independent Expenditures			2256.13			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3						