

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check If ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Mission Control Inc			Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2011		
Mailing Address 114 A Mansfield Hollow Rd			Amount 16340.25		
City Mansfield Center		State CT	Zip Code 06250		
Purpose of Expenditure Mailhouse		Category/ Type 	Transaction ID : SE-6189		
Name of Federal Candidate Supported or Opposed by Expenditure: Suzanne Bonamici			Office Sought: ☒ House State: OR ☐ Senate District: 01 ☐ President		
Calendar Year-To-Date Per Election for Office Sought 16340.25			Check One: ☒ Support ☐ Oppose		
			Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▶ Spec-Primary		
Full Name (Last, First, Middle Initial) of Payee			Date M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		
Purpose of Expenditure		Category/ Type 	Office Sought: ☐ House State: ☐ Senate District: ☐ President		
Name of Federal Candidate Supported or Opposed by Expenditure:			Check One: ☐ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....			16340.25		
(b) SUBTOTAL of Unitemized Independent Expenditures			 		
(c) TOTAL Independent Expenditures.....			16340.25		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Caroline Fines		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 18 / 2011	