

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Katlynn Cockerham	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2014
Mailing Address 4970 Lyman Rd	Amount M M M M M M . 0 0 50.00
City State Zip Code Winston Salem NC 27105	
Purpose of Expenditure Salary	Category/Type M M 001
Name of Federal Candidate Ms. Kay Hagan	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M . 2 7 1096873.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Katlynn Cockerham	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2014
Mailing Address 4970 Lyman Rd	Amount M M M M M M . 8 0 7.80
City State Zip Code Winston Salem NC 27105	
Purpose of Expenditure Mileage	Category/Type M M 002
Name of Federal Candidate Ms. Kay Hagan	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2014
Name of Federal Candidate Ms. Kay Hagan	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought M M M M M M . 2 7 1096873.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	M M M M M M . 8 0 57.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	M M M M M M . 0 0
(c) TOTAL Independent Expenditures..... ▶	M M M M M M . 0 0

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

Ms. Emily Buchanan [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
11 / 12 / 2014

Signature