

FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

WOMEN'S VOICES WOMEN VOTE ACTION FUND

(b) Address (number and street) check if different than previously reported

1640 RHODE ISLAND AVE. NW SUITE 825

(c) City, State and ZIP Code

WASHINGTON

DC

20036

2. FEC Identification Number

C C30001754

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement **New**
or

Amended

4. Covering Period

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

through

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 1 0

(b) Communication Title Stand

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name

Kim Griffin

(b) Address (number and street)

1640 Rhode Island Ave., NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

723466.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Monica Prah

SIGNATURE Electronically Filed by Monica Prah

DATE 10/21/2010

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name Page Gardner	Transaction ID : F91.000001
	(b) Address (number and street) 1640 Rhode Island Ave., NW Suite 825 Suite 825	
	(c) City, State and Zip Code Washington DC 20036	
	(d) Name of Employer or Principal Place of Business Women's Voices Women Vote Action Fund	(e) Occupation President
B.	(a) Name Amy Young	Transaction ID : F91.000002
	(b) Address (number and street) 1640 Rhode Island Ave., NW Suite 825 Suite 825	
	(c) City, State and Zip Code Washington DC 20036	
	(d) Name of Employer or Principal Place of Business Women's Voices Women Vote Action Fund	(e) Occupation Executive Director
C.	(a) Name Ruth Ferguson	Transaction ID : F91.000003
	(b) Address (number and street) 28 Washington Street	
	(c) City, State and Zip Code Marblehead MA 01945	
	(d) Name of Employer or Principal Place of Business	(e) Occupation
D.	(a) Name Avis Jones-DeWeever	Transaction ID : F91.000004
	(b) Address (number and street) 633 Pennsylvania Ave., NW	
	(c) City, State and Zip Code Washington DC 20004	
	(d) Name of Employer or Principal Place of Business National Counsel of Negro Women Inc.	(e) Occupation Director
E.	(a) Name Lisalyn Jacobs	Transaction ID : F91.000005
	(b) Address (number and street) 1101 14th Street, NW Suite 300 Suite 300	
	(c) City, State and Zip Code Washington DC 20005	
	(d) Name of Employer or Principal Place of Business Legal Momentum	(e) Occupation Director

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee
The New Media Firm, Inc.

Mailing Address of Payee
1730 Rhode Island Ave., NW Suite 410

City	State	Zip Code
Washington	DC	20036

Name of Employer	Occupation
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Date of Disbursement or Obligation

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	1	0

Amount

723466.00

Communication Date

M	M	/	D	D	/	Y	Y	Y	Y
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Transaction ID : F93.000001

Purpose of Disbursement (including title(s) of communication(s))

Television Ad

Name of Federal Candidate Kenneth Buck	Office Sought:	<input type="checkbox"/> House	State: <u>CO</u>	Disbursement/Obligation For: 2010
		<input checked="" type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

F94.000002

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For:
		<input type="checkbox"/> Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> President		<input type="checkbox"/> Other (specify) _____

SUBTOTAL of Disbursement/Obligation This Page (optional)

723466.00

TOTAL This Period (last page this line number only)
(carry total from last page to line 10)

723466.00
