Schedule E)	FOR SE OF FORM 24/48
IAME 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	Date of Public Distribution/Dissemination
US Airways	M M / D D / Y T Y T Y T Y
Mailing Address 4000 E Sky Harbor Blvd	11 01 2014 Amount
City State Zip Code	2664.00
City State Zip Code Phoenix AZ 85034	2661.00  Transaction ID : 32bf8dab-a762-4b4a-b  Date of Disbursement or Obligation
Purpose of Expenditure Airfare  Category/ Type 004	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	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 274997.85	rrsement For: Primary ⊠ General  Other (specify) ▶
Full Name of Payee Orbitz	Date of Public Distribution/Dissemination
Mailing Address 500 W Madison	11 01 2014
1000	Amount
City State Zip Code	1712.07
Chicago IL 60661	Transaction ID : ae95ce65-524a-45fb-a Date of Disbursement or Obligation
Purpose of Expenditure Airfare  Category/ Type  004	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 239528.21	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	4373.07
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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  Signature  1	1 03 2014

Schedule E)	INT EXI END	ITOTILO		PAGE 2 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	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 Publ	ic Distribution/Dissemination
Orbitz			11 11	01 2014
Mailing Address 500 W Madison			Amount	
1000		7: 0 1		554.00
City Chicago	State IL	Zip Code 60661		554.69 ID : 3e5a4294-a813-47d1-9
Purpose of Expenditure Airfare		Category/ Type 004	Date of Disb	ursement or Obligation  / 01
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	· · · · · · · · · · · · ·	274997.85	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
United Airlines			11	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 66100			Amount	
City	State	Zip Code		684.40
Chicago	IL	60666		D: 6ae93143-9ba4-424e-a ursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	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	· · · · · · ·	239528.21	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	1239.09
(b) SUBTOTAL of Uniternized Independent Expen	ditures			
				4 4
(c) TOTAL Independent Expenditures			<b>&gt;</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 i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 03	2014

Schedule E)	I EXI END	TOTILO		PAGE 3 OF 16 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 repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee United Airlines			M = M /	Distribution/Dissemination
Mailing Address PO Box 66100			Amount	01 2014
City	State	Zip Code		708.40
Chicago	IL	60666		0: 03f82dc0-b424-4a01-8 sement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	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	239528.21	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee American Airlines			Date of Public	Distribution/Dissemination
Mailing Address PO Box 619616 MD 5675			Amount	01 2014
			Amount	
City DFW Airport	State TX	Zip Code 75261		488.40 : <b>50bb63da-5f85-4c43-9</b>
Purpose of Expenditure Airfare		Category/ 004	Date of Disbur	sement or Obligation  01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Туре		
Name of Federal Candidate  Mr. Greg Orman		Support  Oppose	Office Sought:	House District: 00  Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 7	239528.21	Disbursement For: 2014 Other (spe	Primary General
			Other (spe	
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>•</b>	1196.80
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
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	ite or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 03	2014
3				

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 file	ed on Man / Dab / Yayayay
Full Name of Payee American Airlines	Date of Public Distribution/Dissemination
	11 01 2014
Mailing Address PO Box 619616 MD 5675	Amount
City State Zip Code	488.40
DFW Airport TX 75261	Transaction ID: 909bcc35-1180-44bd-9 Date of Disbursement or Obligation
Purpose of Expenditure Airfare  Category/ Type 004	11
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought  Disl 239528.21	oursement For: Primary General  Other (specify)   Other
Full Name of Payee	Date of Public Distribution/Dissemination
United Airlines	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 66100	Amount
City State Zip Code	565.70
Chicago IL 60666	Transaction ID : ae0eded2-a0e3-431e-a Date of Disbursement or Obligation
Purpose of Expenditure Airfare  Category/ Type 004	11 01 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Greg Orman Oppose	President State: KS
Calendar Year-To-Date Per Election for Office Sought  Dis 239528.21	bursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1054.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, 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  [Electronically Filed]  Signature  Date	11 03 2014
Oignature	

Schedule E)	IVI EXI EIVE	ITOTILO		PAGE 5 OF 16 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	X New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee American Airlines			M = M /	Distribution/Dissemination
Mailing Address PO Box 619616 MD 5675			Amount	01 2014
City	State	Zip Code		244.20
DFW Airport	TX	75261		2-4-20 2 : f049670a-8d4c-4014-8 sement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	11 /	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	, , , ,	239528.21	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee United Airlines			M = M /	Distribution/Dissemination
Mailing Address PO Box 66100			11 Amount	01 2014
City	State	Zip Code		557.20
Chicago	IL	60666		: e8444d2b-54f0-4b0a-9 sement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	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	- J- 1- J- J-	239528.21	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures		<b>•</b>	801.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	
				4
(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
Signataro				

Schedule E)	LIVI EXI END	TTOTILO	<u> </u>	PAGE 6 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION 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 American Airlines			M = M /	Distribution/Dissemination
Mailing Address PO Box 619616 MD 5675			Amount	01 2014
City	State	Zip Code		1089.40
DFW Airport	TX	75261		: cdb002f0-5032-4f33-a ement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President X	<u></u>
Calendar Year-To-Date Per Election for Office Sought		239528.21	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee US Airways			Date of Public	Distribution/Dissemination
Mailing Address 4000 E Sky Harbor Blvd			Amount	01 2014
City	State	Zip Code		1590.60
Phoenix	AZ	85034		579c6cec-939f-4a0f-a sement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	M 1 M /	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		239528.21	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			2680.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	7
			7	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	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 of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 03	2014
Signature				

Schedule E)	LIVI EXI EIVE	TIONES		PAGE 7 OF 16 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 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Delta			11 11	01 2014
Mailing Address PO Box 20706			Amount	
City	State	Zip Code		524.20
Atlanta	GA	30320		ID: 66152369-bb2e-4c14-a ursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	M 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		239528.21	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Delta			11	01
Mailing Address PO Box 20706			Amount	
City	State	Zip Code		526.20
Atlanta	GA	30320		D: 314b9d1f-cf67-445e-9 ursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	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		1085350.87	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures			1050.40
(b) SUBTOTAL of Unitemized Independent Expe	ndituros			
(b) SOBTOTAL OF OFFICE MACPORTAGE EXPE	nultures			4
(c) TOTAL Independent Expenditures			·	4
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 authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014

Schedule E)	EXI END	101120		PAGE 8 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Orbitz			M M M	/ 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 500 W Madison			Amount	
1000	Ctata	7:- Code		407.40
City Chicago	State IL	Zip Code 60661		467.19 on ID : e908b983-e525-48a8-8 isbursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	M M M	
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	39528.21	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of Po	ublic Distribution/Dissemination
United Airlines			11	01 2014
Mailing Address PO Box 66100			Amount	
City	State	Zip Code		526.20
Chicago	IL	60666		n ID : 945beb6d-a1d9-4257-b isbursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	M M M	/ 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	, , ,	239528.21	Disbursement Fo 2014 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures	·		<b>.</b>	993.39
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			<b>.</b>	7 7 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 Signature	[Electroni	ically Filed] Date		2014

Schedule E)	1 =/(1 = (1 = )			PAGE 9 OF 16 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	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee United Airlines				Public Distribution/Dissemination
Mailing Address PO Box 66100			1	1 01 2014
			Amount	
City	State	Zip Code		354.20
Chicago  Purpose of Expanditure	IL	60666		ction ID: e3b45472-3287-4db7-9 Disbursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004		1 01 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	, , , 2	239528.21	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
US Airways				11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4000 E Sky Harbor Blvd				01 2014
1			Amoun	t 
City	State	Zip Code		155.10
Phoenix	AZ	85034		tion ID : cfee8d7d-8845-4c08-8 Disbursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004		1 01 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	, ,	239528.21	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S		· •	509.30
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7
(c) TOTAL Independent Expenditures			•	7 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	ite or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	11	03 2014
Signature		_		

### FEC IDENTFICATION NUMBER ▼   C   C00530766	ochedule L)							FOR SE OF	FORM 24/48
C C00530766  Check II							FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee American Airlines  Mailing Address PO Box \$19616 MD 5675  City State Zip Code DFW Airport TX 75261  Name of Federal Candidate Mr. Greg Orman  Calegory/ Phonoix  AZ 85034  Purpose of Expenditure Airlare  City State Zip Code DFW Airport TX 75261  City State Support Mr. Greg Orman  Calegory/ Oo4  Airlare  Calegory/ Oo4  Airlare  Calegory/ Oo4  Airlare  Calegory/ Oo4  City State Zip Code DFW Airport  City State Zip Code Death of Disbursement For: Primary Seneral Collendar Year-To-Date Per Election for Office Sought  City State Zip Code Phonoix AZ 85034  Purpose of Expenditure Airlare  Calegory/ Oo4  Airlare Calegory/ Oo4  Airlare  Calegory/ Oo4  Airlare	vvomen Spea	K OUT PAC					C	C00530766	
Mailing Address PO Box 619616 MD 5675  City State Zip Code DFW Airport TX 75201  Purpose of Expenditure Airfare Calegory/ Type O04  Mr. Greg Orman Calendar Year-To-Date Present Expenditure Airfare Calegory/ Type O04  Mailing Address A000 E Sky Harbor Blvd  City State Zip Code DFW Airfare Calegory/ Type O04  Mr. Greg Orman Calendar Year-To-Date Propose of Expenditure Airfare Calegory/ Type O04  Mr. Greg Orman Calendar Year-To-Date Present Expenditure Airfare Calegory/ Type O04  Name of Federal Candidate Mr. Greg Orman Calegory/ Type O04  Name of Federal Candidate Mr. Greg Orman Calegory/ Type O04  Name of Federal Candidate Mr. Greg Orman Calegory/ Type O04  Name of Federal Candidate Mr. Greg Orman Calegory/ Type O04  Mr. Greg Orman Calegory/	Check if 24-hou	r report 48-hour repor	t New repo	ort Am	nends repo	rt filed o	n M = M	/ D D /	Y Y Y Y Y
Mailing Address PO Box 619616 MD 5675  City State Zip Code Tx 75261  Purpose of Expenditure Artiface							Date of Pub	lic Distribution/	Dissemination
City State Zip Code DFW Airport TX 75281  Purpose of Expenditure Airfare Support Mr. Greg Orman Support Office Sought House District: 00 Mr. Greg Orman Support Office Sought State: KS  Calendar Year-To-Date Per Election for Office Sought At Support Office Sought State: KS  Calendar Year-To-Date Properties of Expenditure Author Bivd  City State Zip Code Phoenix AZ 85034  Purpose of Expenditure Airfare Support Office Sought State: KS  Calendar Year-To-Date Properties of City State Support Office Sought State: KS  Calendar Year-To-Date Properties of City State Support Office Sought State: KS  Calendar Year-To-Date Properties of Expenditure Airfare Support Office Sought State: KS  Calendar Year-To-Date Properties of Expenditure Airfare Support Office Sought State: KS  Calendar Year-To-Date State: KS  Calendar Year-To-									
DFW Airport  TX  75261  Purpose of Expenditure Airfare  Category/ Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date President Airfare  Category/ Type  Ond  Transaction ID: 46627d75-11c8-4e9d-8 Date of Disbursement or Obligation  Transaction ID: 676c2869-51c8-4c8-4c8-4c8-4c8-4c8-4c8-4c8-4c8-4c8-4	Mailing Address	PO Box 619616 MD 5675					Amount		
DFW Airport  TX  75261  Purpose of Expenditure Airfare  Category/ Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date President Airfare  Category/ Type  Ond  Transaction ID: 46627d75-11c8-4e9d-8 Date of Disbursement or Obligation  Transaction ID: 676c2869-51c8-4c8-4c8-4c8-4c8-4c8-4c8-4c8-4c8-4c8-4	City		State	Zip Code					646.40
Purpose of Expenditure Airfare  Category/ Name of Federal Candidate  Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Amount  City Phoenix  AZ  S5034  Purpose of Expenditure Airfare  Category/ Name of Federal Candidate  Support  Office Sought:  House District:  O0 President Senate State:  KS  Calendar Year-To-Date Per Election for Office Sought  239528.21  Disbursement For:  Primary General Cother (specify)  (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.  Ms. Emily Buchanan  [Electronically Filed] Date 111 03 2014				•					5-11c8-4e9d-8
Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee US Airways  Mailing Address 4000 E Sky Harbor Blvd  City State Phoenix AZ  S5034  Purpose of Expenditure Airfaire  Name of Federal Candidate Mr. Greg Orman  Category/ Type  Office Sought:  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Mr. Greg Orman  Calendar Year-To-Date Per Election for Office Sought  Calendar		nditure			004		M - M	/ D D /	Y Y Y Y
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State   KS	Name of Federa	Candidate			Support	Office S	Sought:	House	District:00
Per Election for Office Sought    239528.21	Mr. Greg Orman						-		1/0
Full Name of Payee US Airways  Mailing Address 4000 E Sky Harbor Blvd  City State Zip Code Phoenix AZ 85034  Purpose of Expenditure Airfare Category/ 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  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  Date of Public Distribution/Dissemination  Amount  Amount  Category/ O04  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ O04  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ O04  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ O05  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ O04  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ O04  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ O04  Transaction ID: 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Total Category/ Oppose  President  Senate State: KS  Disbursement For: Primary Other (specify) Improved Category  Other (specify) Improved Category  Total Category/ Oth			2	239528.21					X General
Mailing Address 4000 E Sky Harbor Blvd  Amount  City State Zip Code Phoenix AZ 85034  Purpose of Expenditure Airfare  Category/ Type 004  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  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  City State Zip Code Transaction ID : 6f8c2866-5da5-4f27-8 Date of Disbursement or Obligation  Mr. Greg Orman  Calendar Year-To-Date President Senate State: KS  Disbursement For: Primary General 2014  Other (specify) ▶  Calendar Year-To-Date Office Sought  Calendar Year-To-Date Primary General 2014  Other (specify) ▶  Calendar Year-To-Date Primary General 2014  Other (specify) ▶  Calendar Year-To-Date Primary Senate State: KS  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 2014							Date of Pub	olic Distribution	
City State Zip Code Phoenix AZ 85034  Purpose of Expenditure Airfare    Category/ Type   004   11   11   11   12   12   13   13   14   15   14   15   15   15   15   15									
Phoenix AZ 85034  Transaction ID: 6f8c2866-3da5-4f27-8 Date of Disbursement or Obligation  Purpose of Expenditure Airfare  Category/ Name of Federal Candidate Mr. Greg Orman  Support  Calendar Year-To-Date Per Election for Office Sought  Category/ Oppose President  Senate State: KS  Other (specify)  Cother (specify)	Mailing Address	4000 E Sky Harbor Blvd					Amount		
Purpose of Expenditure Airfare    Category/	City		State	Zip Code					2723.50
Purpose of Expenditure Airfare    Category/ Type   004	Phoenix		AZ	85034		Т	ransaction Date of Disk	ID: 6f8c2866- oursement or 0	<b>5da5-4f27-8</b> Obligation
Mr. Greg Orman    Support   College Sought   College Soug		enditure					M = M	/ D D /	YYYY
Mr. Greg Orman    Calendar Year-To-Date   President   Senate   State:   KS	Name of Federa	Candidate			Support	Office	Sought:	House	District:00
Calendar Year-To-Date Per Election for Office Sought  239528.21  Disbursement For: Primary General 2014  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Greg Orman						_		140
(c) TOTAL Independent Expenditures					-				General
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. J. D. D. J. Y.	(a) SUBTOTAL o	Itemized Independent Expe	nditures			• [			3369.90
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  MMMM  O  O  O  O  O  O  O  O  O  O  O	(b) SUBTOTAL o	f Unitemized Independent Ex	penditures	•••••		. •			
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 Indepe	endent Expenditures				• •			
[Electronically Filed] Date 11 03 2014	with, or at the req	uest or suggestion of, any c	andidate or authorized						
Dutc	Ms. I	Emily Buchanan	[Electron	ically Filed]	Date	11			
	Signature								

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Schedule E)	VI EXI END	ITOTILO		PAGE 11 OF 16 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
US Airways			M 11	
Mailing Address 4000 E Sky Harbor Blvd			Amount	
City	State	Zip Code	— II	1590.60
Phoenix	AZ	85034		tion ID: 4488513b-a343-4568-b Disbursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	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		239528.21	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Delta			11	
Mailing Address PO Box 20706			Amount	
City	State	Zip Code	-	403.20
Atlanta	GA	30320		on ID: c59e9a51-07ed-4fac-9 Disbursement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	11	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	239528.21	Disbursement F 2014 Othe	or: Primary X General  or (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			1993.80
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>•</b>	7 7 7
(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	late or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		03 2014
- 3				

Schedule E)	INT EXICID	HONES		PAGE 12 OF 16 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 rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Delta			11 /	01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 20706			Amount	
City	State	Zip Code		526.20
Atlanta	GA	30320		D: b268be21-4ce2-4dd9-8 rsement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	-	239528.21	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Delta			11 /	01 / 2014
Mailing Address PO Box 20706			Amount	
City	State	Zip Code		554.20
Atlanta	GA	30320		: 55c1d6b2-c5a3-4990-a rsement or Obligation
Purpose of Expenditure Airfare		Category/ Type 004	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	-,,	239528.21	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			1080.40
			7	7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		• •	
(c) TOTAL Independent Expenditures			•	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 in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 03	2014
- 3				

Schedule E)	INT EXI END	ITORES		PAGE 13 OF 16 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 rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Chain Bridge Bank			M = M /	Distribution/Dissemination
Mailing Address 1445 Laughin Ave			Amount	01 2014
City	State	Zip Code		7200.00
McLean	VA	22101		D: d50edb84-35aa-4a83-8 rsement or Obligation
Purpose of Expenditure Meals		Category/ Type 004	11	01 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Greg Orman		Oppose	President >	
Calendar Year-To-Date Per Election for Office Sought		239528.21	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Chain Bridge Bank				Distribution/Dissemination
Mailing Address 1445 Laughin Ave			11	01 2014
			Amount	
City	State	Zip Code		2400.00
McLean	VA	22101		: ea10523b-637f-4d66-8 rsement or Obligation
Purpose of Expenditure Travel		Category/ Type 004	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		239528.21	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			9600.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
			4	4
(c) TOTAL Independent Expenditures			<b>•</b>	47- 47-
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	nically Filed] Date	11 03	2014
Signataro				

Schedule E)	INT EXI END	HONES		PAGE 14 OF 16 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	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 Chain Bridge Bank			M = M	Distribution/Dissemination
Mailing Address 1445 Laughin Ave			Amount	01 2014
City	State	Zip Code		7200.00
McLean	VA	22101		ID: 64182ed1-4b3f-4397-b
Purpose of Expenditure Travel		Category/ Type 004	11	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	9	274997.85	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Chain Bridge Bank			M M M 11	01 2014
Mailing Address 1445 Laughin Ave			Amount	
City	State	Zip Code		2400.00
McLean	VA	22101		D: 301b8071-e5d7-4788-8 ursement or Obligation
Purpose of Expenditure Travel		Category/ Type 004	11 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	, , ,	274997.85	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			9600.00
(b) SUBTOTAL of Unitemized Independent Exper	ditures		. >	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			-	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	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	nically Filed] Date	11 / 03	2014

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
Full Name of Payee Date	te of Public Distribution/Dissemination
Little Rock Tours	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3100 Interstate 30	ount
City State Zip Code	7200.00
Little Rock AR 72206 Tra	insaction ID: e8290452-6369-4f04-a te of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type  004	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	ight: House District: 00
Mr. Greg Orman Oppose Pres	sident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbursem 239528.21	nent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Dat Little Rock Tours	te of Public Distribution/Dissemination
Mailing Address 3100 Interstate 30	11 01 2014 nount
City State Zip Code	7200.00
Little Rock AR 72206 Tran	nsaction ID : dbd358d5-a118-4449-b te of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type  004	11
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 274997.85	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	14400.00
(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 / Y Y 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
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	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Comfort Inn & Suites	11 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7200 West 107th St	Amount
City State Zip Code	10290.00
Overland Park KS 66212	Transaction ID : 9e451df8-4d0e-4f86-9 Date of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type  004	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
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 274997.85	Disbursement For: Primary ⊠ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Holiday Inn Presidental	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 600 Interstate 30	Amount
City State Zip Code	18565.00
Little Rock AR 72202	Transaction ID : 444be390-a7aa-4633-8 Date of Disbursement or Obligation
Purpose of Expenditure Travel  Category/ Type  004	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 Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought 274997.85	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	28855.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	82796.65
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 of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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