

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation CENTER FOR VOTER INFORMATION (F/K/A WOMEN'S VOICES WOMEN VOTE ACTION FUND)		3. FEC Identification Number C C90009317
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW SUITE 300		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---

5. COVERING PERIOD:

FROM

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---	---	---

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	28507.80

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Page, Jacques, , ,

Page, Jacques, , ,

05/25/2018

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
CENTER FOR VOTER INFORMATION (F/K/A WOMEN'S VOICES WOMEN VOTE ACTION FUND)

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 624 Hebron Ave Bldg 3 Suite 200		Amount 15535.89	
City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure Direct Mail		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 39 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: KIM, YOUNG, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46607.67		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4193

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 25 / 2018	
Mailing Address 624 Hebron Ave Bldg 3 Suite 200		Amount 12971.91	
City Glastonbury	State CT	Zip Code 06033	
Purpose of Expenditure Direct Mail		Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 49 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: ROHRBACHER, DANA, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38915.73		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : F57.4193

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	28507.80
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	28507.80