



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**WOMEN VOTE!**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		393008.56
(b) Cash on Hand at Beginning of Reporting Period.....	415749.74	
(c) Total Receipts (from Line 19) .....	547130.00	1977222.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	962879.74	2370231.17
7. Total Disbursements (from Line 31).....	775316.93	2182668.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	187562.81	187562.81
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**WOMEN VOTE!**

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	246350.00	1295050.00
(ii) Unitemized .....	780.00	82172.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	247130.00	1377222.61
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	300000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	247130.00	1677222.61
12. Transfers From Affiliated/Other Party Committees.....	300000.00	300000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	547130.00	1977222.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	547130.00	1977222.61

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	74777.54	663377.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	74777.54	663377.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E) .....	700539.39	1459291.14
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	775316.93	2182668.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	775316.93	2182668.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	247130.00	1677222.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	247130.00	1677222.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	74777.54	663377.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	74777.54	663377.22

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. Joyce Ray**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3930 Connecticut Ave. NW #502  
City Washington State DC Zip Code 20008  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Johns Hopkins University Occupation Faculty  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2014  
**Transaction ID : 4017553**  
Amount of Each Receipt this Period 250.00

**B. Julie Stampler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 200 West End Ave 15d  
City New York State NY Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation None  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 28 / 2014  
**Transaction ID : 4040893**  
Amount of Each Receipt this Period 1000.00

**C. Marcena Love**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1175 Pelham Road  
City Winnetka State IL Zip Code 60093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer REQUESTED Occupation Activist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 06 / 16 / 2014  
**Transaction ID : 4026843**  
Amount of Each Receipt this Period 2000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. Doris Reed**  
Full Name (Last, First, Middle Initial)  
Mailing Address 414 Crestwood Court  
City Endicott State NY Zip Code 13760  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2014  
**Transaction ID : 4007759**  
Amount of Each Receipt this Period  
5000.00

**B. Charlotte Perret**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 South Gulfstream Avenue  
City Sarasota State FL Zip Code 34236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 8000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014  
**Transaction ID : 4022611**  
Amount of Each Receipt this Period  
4000.00

**C. Charlotte Perret**  
Full Name (Last, First, Middle Initial)  
Mailing Address 707 South Gulfstream Avenue  
City Sarasota State FL Zip Code 34236  
FEC ID number of contributing federal political committee. **C**  
Name of Employer None Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 8000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2014  
**Transaction ID : 4022612**  
Amount of Each Receipt this Period  
4000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	13000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. Amanda Cross**  
Full Name (Last, First, Middle Initial)

Mailing Address 1349 Bay Dr

City Sanibel State FL Zip Code 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer CWC Software Inc Occupation Software Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : 4007760**

Amount of Each Receipt this Period  
 15000.00

**B. Margaret Loeb**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Central Park West  
PH 39

City New York State NY Zip Code 10023

FEC ID number of contributing federal political committee. **C**

Name of Employer REQUESTED Occupation REQUESTED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : 4028662**

Amount of Each Receipt this Period  
 25000.00

**C. Donald Sussman**  
Full Name (Last, First, Middle Initial)

Mailing Address 138 Turner Farm Road

City North Haven State ME Zip Code 04853

FEC ID number of contributing federal political committee. **C**

Name of Employer Trust Asset Management Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : 4025004**

Amount of Each Receipt this Period  
 75000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial) <b>A. Donald Sussman</b>		Date of Receipt
Mailing Address 138 Turner Farm Road		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
North Haven	ME	04853
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4025005</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75000.00"/>
Name of Employer	Occupation	
Trust Asset Management	Chairman	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="150000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kalik and Associates Inc</b>		Date of Receipt
Mailing Address 10291 Arizona Circle		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bethesda	MD	20817
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4026844</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Patriot Majority USA</b>		Date of Receipt
Mailing Address P. O. Box 35522		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Washington	DC	20033
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4008775</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40000.00"/>
Name of Employer	Occupation	
REQUESTED	REQUESTED	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="246350.00"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 16  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

**A. EMILY's List**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 M Street, NW  
 Ste 375N  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014  
**Transaction ID : 4009775**  
 Amount of Each Receipt this Period  
 300000.00  
 Transfer from Affiliate

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	300000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Authorize.net**

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SB21B-500**

Amount of Each Disbursement this Period

81.00
-------

Full Name (Last, First, Middle Initial)

**B. First Data Merchant Services**

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2014

**Transaction ID : SB21B-499**

Amount of Each Disbursement this Period

449.49
--------

Full Name (Last, First, Middle Initial)

**C. The Feldman Group Inc.**

Mailing Address 508-510 8th Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

**Transaction ID : SB21B-486**

Amount of Each Disbursement this Period

17839.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

18369.49
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Campaign Team, Inc.**

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

Purpose of Disbursement  
Consulting Fundraising

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2014

Transaction ID : SB21B-487

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**B. Anzalone Liszt Grove Research, Inc.**

Mailing Address 260 Commerce Street  
4th Floor

City Montgomery State AL Zip Code 36104

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SB21B-490

Amount of Each Disbursement this Period

35800.00

Full Name (Last, First, Middle Initial)

**C. Catalyst**

Mailing Address 1090 Vermont Ave, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SB21B-491

Amount of Each Disbursement this Period

1593.75

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

47393.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Catalyst**

Mailing Address 1090 Vermont Ave, NW  
Suite 300

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Publication & Dues

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : SB21B-492

Amount of Each Disbursement this Period

1	5	9	3	.	7	5
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Clarity Campaign Labs**

Mailing Address 1750 K St. NW  
Ste 700

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Polling/Surveys

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : SB21B-493

Amount of Each Disbursement this Period

5	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Campaign Team, Inc.**

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : SB21B-494

Amount of Each Disbursement this Period

1	0	7	5	.	5	3
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8	1	6	9	.	2	8
---	---	---	---	---	---	---

--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

Full Name (Last, First, Middle Initial)

**A. Campaign Team, Inc.**

Mailing Address 37 Brookview Terrace

City Portland State ME Zip Code 04102

Purpose of Disbursement  
Travel/Accommodation /Meals

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2014

Transaction ID : SB21B-495

Amount of Each Disbursement this Period

842.16

Full Name (Last, First, Middle Initial)

**B. Blackbaud Merchant Services**

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement  
Credit Card Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2014

Transaction ID : SB21B-501

Amount of Each Disbursement this Period

2.86

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

845.02

74777.54

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00473918
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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>McKenna Philaja</b> Estimate Reported as \$10,000	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 03 / 2014
Mailing Address 1777 Church Street, NW	Amount <span style="border: 1px solid black; padding: 2px;">10455.00</span>
City State Zip Code Washington DC 20036	
Purpose of Expenditure Media Production	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Emily Cain	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 05 / 2014
Name of Federal Candidate Emily Cain	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">90010.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Waterfront Strategies</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 16 / 2014
Mailing Address 3050 K Street, NW Ste 100	Amount <span style="border: 1px solid black; padding: 2px;">655898.00</span>
City State Zip Code Washington DC 20007	
Purpose of Expenditure Media Buy	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Thom Tillis	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 06 / 12 / 2014
Name of Federal Candidate Thom Tillis	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">690084.39</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">666353.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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.

*Caroline Fines* [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
07 / 20 / 2014

Signature \_\_\_\_\_

