## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		FOR SE OF FORM 24/48							
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼							
WOMEN VOTE SMART		C C00616912							
		0 333,00,2							
Check if X 24-hour report 48-hour report New report Amends report filed on									
Full Name of Payee The Talk Station		Date of Public Distribution/Dissemination							
		07 03 7 2019							
Mailing Address P.O. Box 1679	Amount								
City State	Zip Code	1188.00							
Morehead City NC	28557	Transaction ID : WFT2019631110-1 Date of Disbursement or Obligation							
Purpose of Expenditure Radio Advertising	Category/ Type	07 03 7 2019							
Name of Federal Candidate	<b>✗</b> Support Office	ce Sought:   House District: 03							
Murphy, Gregory, Francis, ,	Oppose	President Senate State: NC							
Calendar Year-To-Date Per Election for Office Sought	2019	oursement For: Primary General  9							
Full Name of Payee	·	Date of Public Distribution/Dissemination							
Inner Banks Media, LLC		07 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Mailing Address 1884 W. Arlington Blvd.		Amount							
City State	Zip Code	2910.00							
Greenville NC	27834	Transaction ID: WFT2019631149-1 Date of Disbursement or Obligation							
Purpose of Expenditure Radio Advertising	Category/ Type	07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Name of Federal Candidate	<b>✗</b> Support Office	ce Sought:  House District: 03							
Murphy, Gregory, Francis, ,	Oppose	President Senate State: NC							
Calendar Year-To-Date Per Election for Office Sought	Disl 201	bursement For: Primary General  Other (specify) Spec. Primary Runoff							
(a) SUBTOTAL of Itemized Independent Expenditures		4098.00							
	·								
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	4							
(c) TOTAL Independent Expenditures	<b>&gt;</b>								
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.									
	onically Filed] Date	07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Signature									

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	ITONES	PAGE 2 OF 3 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼						
WOMEN VOTE SMART			C C00616912						
Check if 24-hour report 48-hour report New report Amends report filed on									
Full Name of Payee Coastal Carolina Radio, LLC			Date of Public Distribution/Dissemination						
Mailing Address P.O. Box 4220	Mount 28 2019								
City									
Emerald Isle	NC	28594	Transaction ID : WFT2019631153-1 Date of Disbursement or Obligation						
Purpose of Expenditure Radio Advertising		Category/ Type	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate		<b>x</b> Support	Office Sought:    House District: 03						
Murphy, Gregory, Francis, ,		Oppose	President Senate State: NC						
Calendar Year-To-Date Per Election for Office Sought	7 7 7		Disbursement For: Primary General 2019 ✓ Other (specify) ► Spec. Primary Runoff						
Full Name of Payee			Date of Public Distribution/Dissemination						
Coastal Carolina Radio, LLC			06 28 2019						
Mailing Address P.O. Box 4220			Amount						
City	State	Zip Code	448.00						
Emerald Isle	NC	28594	Transaction ID : WFT201963129-1 Date of Disbursement or Obligation						
Purpose of Expenditure Radio Advertising		Category/ Type	06 / 27 / Y Y Y Y Y Y Y						
Name of Federal Candidate		<b>✗</b> Support	Office Sought:   M House District: 03						
Murphy, Gregory, Francis, ,		Oppose	President Senate State: NC						
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: Primary General 2019  * Other (specify) Spec. Primary Runoff						
•									
(a) SUBTOTAL of Itemized Independent Expe	enditures		504.00						
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		· •						
(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.									
Amy, Kremer, , ,	[Electron	ically Filed] Date	07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Signature									

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

WOMEN VOTE SMART    C   C00616912		medule Ly			F	OR SE O	FORM 24/48			
C Coosies12  Check if					FEC IDE	NTIFICATI	ON NUMBER ▼			
Full Name of Payee  Carolina Coastal Radio, LLC  Mailing Address P.O. Box 4220  City State Zip Code Emeral tale NC 28594  Purpose of Expenditure Radio Advertising State State: NC Category Type  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Emeral tale NC 28594  Murphy, Gregory, Francis.  Category Type  President State: NC Category State State: NC Category President State: NC C	۷۱	OMEN VOTE SMART			C c	00616912				
Carolina Coastal Radio, LLC  Mailing Address P.O. Box 4220  Amount  City State Zip Code Transaction ID: WF72019631211-1 Date of Disbursement or Obligation Radio Advertising  Name of Federal Candidate Murphy, Gregory, Francis, Oppose Persident Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code  Mailing Address  Amount  City State Zip Code  Date of Public Distribution/Dissemination  Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  City State Zip Code  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  City State Zip Code  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  City State Zip Code  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  City State Zip Code  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Date of President Senate State:  City State Zip Code  Date of Disbursement or Obligation  Date of President Senate State:  City State Zip Code  Date of Public Distribution/Dissemination  Date of President Senate State:  City State Zip Code  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Date of Public Distrib	Ch	eck if 24-hour report 48-hour report New report A	mends repo		- M /	D = D /	Y = Y = Y = Y			
Mailing Address P.O. Box 4220  City State Zip Code Emerald Isle NC 28594  Purpose of Expenditure Radio Advertising Category/ Type Office Sought Year-To-Date Per Election for Office Sought Purpose of Expenditure  Calendar Year-To-Date Purpose of Expenditure  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type Disbursement For: Primary General 2019 X Other (specify) ▶ Spec. Primary Runoff Portion of Payee  Date of Disbursement for: Primary Desired Office Sought President State: NC Disbursement for: Primary Caneral 2019 X Other (specify) ▶ Spec. Primary Runoff Portion of Payee  Date of Disbursement or Obligation  Purpose of Expenditure Category/ Type Date of Public Distribution/Dissemination  Amount  City State Zip Code  Date of Disbursement or Obligation  Category/ Type Date of Public Distribution/Dissemination  Amount  City State Zip Code  Date of Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  City State Zip Code  Date of Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  City State Zip Code  Date of Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  City Support Office Sought House District: Senate State: Disbursement or Obligation  Category/ Type Date of Disbursement or Obligation  City Support Office Sought House District: Senate State: Disbursement or Obligation  City Support Office Sought House District: Senate State: Disbursement or Obligation  City State Zip Code Disbursement or Obligation  City Support Office Sought House District No. Senate State: Disbursement or Obligation  City State Zip Code Disbursement or Obligation State No. Senate State: Disbursement or Obligation State No.	Full Name of Payee					Date of Public Distribution/Dissemination				
City State Zip Code Emerald Isle NC 28594  Purpose of Expenditure Radio Advertising  Name of Federal Candidate Murphy, Gregory, Francis,  Calegory/ Type  Name of Federal Candidate Murphy, Gregory, Francis,  Calendar Year-To-Date Per Election for Office Sought  Mailing Address  City State Zip Code  Purpose of Expenditure  Category/ Type  Date of Disbursement or Obligation  Transaction ID: WFT2019631211-1 Date of Disbursement or Obligation  Office Sought:  House District:  Ognose President Senate State:  NC  Disbursement For: Primary General 2013 x other (specify) > Spec. Primary Runoff  Full Name of Payee  Date of Public Distribution/Dissemination  Walling Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Oppose President Senate State:  Oppose President Senate State:  Oppose President Senate State:  Disbursement For: Primary General President Senate State:  Oppose President Senate State:  Obsbursement For: Primary General Other (specify) >  Senate State:  Other (specify) >  Senate State:  Other (specify) >  Disbursement For: Primary General Other (specify) >  Other (specify) >  Disbursement For: Primary General Other (specify) >  Other (specify) >  Disbursement For: Primary General Other (specify) >  Other (specify) >  Disbursement For: Primary General Other (specify) >  Disbursement For: Primary Ge	١		TV							
Emerald Isle  NC  28594  Transaction ID: WFT2019631211-1  Date of Disbursement or Obligation  Name of Federal Candidate  Murphy, Gregory, Francis,  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Disbur		Mailing Address P.O. Box 4220	Amou	Amount						
Emerald Isle  NC  28594  Transaction ID: WFT2019631211-1  Date of Disbursement or Obligation  Name of Federal Candidate  Murphy, Gregory, Francis,  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Disbur		City State Zip Code		— I	560.00					
Purpose of Expenditure Radio Advertising  Name of Federal Candidate  Murphy, Gregory, Francis,  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  City  State  Zip Code  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Disbursement For: Primary  Date of Disbursement or Obligation  Category/ Type  Name of Federal Candidate  Disbursement For: Primary General Per Election for Office Sought  Disbursement For: Primary General Office Sought  Office (specify) ►  Seale State:  Disbursement For: Primary General Office Sought  Disbursement For: Primary General Office (specify) ►  Seale State:  Disbursement For: Primary General Office (specify) ►  Inder 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.  Any, Kremer  IElectronically Filed) Date Office Sought  Office Sought  Office Sought  Amount  City  Support Office Sought  Date of Disbursement for: Primary Office Sought  Date of Disbursement or Obligation  Date of		· ·								
Murphy, Gregory, Francis, Oppose President Senate State: NC  Calendar Year-To-Date Per Election for Office Sought Date of Public Distribution/Dissemination  Full Name of Payee Date of Public Distribution/Dissemination  Mailing Address Amount  City State Zip Code Date of Disbursement or Obligation  Purpose of Expenditure Category/ Type Disbursement or Obligation  Name of Federal Candidate Senate State: NC  Purpose of Expenditure Date of Disbursement or Obligation  Purpose of Expenditure Disbursement or Obligation  Support Office Sought: House District: Primary General Disbursement For: Primary General Disbursement For: Primary General Disbursement For: Primary General Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary General Disburse		Padio Advertising Calegory			M /	D D /	Y Y Y Y Y			
Murphy, Gregory, Francis,  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought: House District:  Oppose  President Senate State: NC  Date of Public Distribution/Dissemination  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Office Sought: House District:  Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (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.  [Electronically Filed]  Date  Ory  Ory  Ory  Ory  Ory  Ory  Ory  Or		Name of Federal Candidate	Support	Office Sough	t: <b>x</b>	House	District: 03			
Per Election for Office Sought  Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  Persident  Senate  State:  Disbursement For:  Primary General  Per Election for Office Sought  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Other (specify) ▶  Sec. Primary Runoff  Amount  City  State  Zip Code  Date of Disbursement or Obligation  President  Senate  State:  Other (specify) ▶  Sec. Primary Runoff  Date of Disbursement or Obligation  President  Senate  State:  Other (specify) ▶  Sec. Primary Runoff  Date of Disbursement or Obligation  President  Senate  State:  Other (specify) ▶  Sec. Primary Runoff  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Date of Disbursement or Obligation  President  Senate  State:  Other (specify) ▶  Sec. Primary Runoff  Amount  Category/  In the specific Date of Disbursement or Obligation  Date of Disbursement or Obligation  President  Senate  State:  Other (specify) ▶  Sec. Primary Runoff  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Date of Disbursement	١					Senate	State: NC			
Full Name of Payee    Date of Public Distribution/Dissemination		Calendar Year-To-Date	-		t For:	Primary	/ General			
Mailing Address  Amount  City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:  Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures	ı	Per Election for Office Sought		<sup>2019</sup> 🗶 O	ther (spec	cify) ► Spe	ec. Primary Runoff			
City State Zip Code    Purpose of Expenditure		Full Name of Payee								
Purpose of Expenditure    Category/   Type		Mailing Address		Amou	nt					
Purpose of Expenditure    Category/ Type		City State Zip Code								
Purpose of Expenditure    Category/ Type	1			Date	Date of Disbursement or Obligation					
Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures		Category								
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	1	Name of Federal Candidate	Support	Office Sough	ıt·	House	District:			
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	١									
(a) SUBTOTAL of Itemized Independent Expenditures	١	Calendar Year-To-Date	-							
(b) SUBTOTAL of Unitemized Independent Expenditures		Per Election for Office Sought			ther (spec	cify) ►				
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.    Amy, Kremer, , ,   [Electronically Filed]   Date   O7   O3   2019		(a) SUBTOTAL of Itemized Independent Expenditures		· -		- 7	560.00			
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.    Amy, Kremer, , ,   [Electronically Filed]   Date   O7   O3   2019	(b) SUBTOTAL of Unitemized Independent Expenditures									
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.  Amy, Kremer, , ,  [Electronically Filed] Date 07 03 7 2019		(c) TOTAL Independent Expenditures		· ·	-7-	- 7	5162.00			
[Electronically Filed] Date 07 03 2019	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									
		Amy, Kremer, , ,  [Electronically Filed]	Date							
		Signature								

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