

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation WOMEN'S VOICES WOMEN VOTE ACTION FUND		3. FEC Identification Number <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C90009317 </div>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L St NW Suite 750		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Individual filers only Name of Employer Occupation	

4. TYPE OF REPORT (check appropriate boxes):

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

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 8

THROUGH

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 8

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 1055.80

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Page Gardner

02/04/2008

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 / 2

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

WOMEN'S VOICES WOMEN VOTE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Conspectus Network Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	8

Mailing Address
PO Box 17814

Amount

1055.80

City
RichmondState
VAZip Code
17814Purpose of Expenditure
Automated PhonecallsCategory/
Type

Office Sought:

☒

House

State: MD

House

☐

Senate

☐

President

District: 04

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
Donna EdwardsDisbursement For:
2008☒

Primary

☐

General

Calendar Year-To-Date Per Election
for Office Sought

68242.98

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

1055.80

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1055.80