

FEC FORM 5

PAGE 1 / 2

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 1300 CONNECTICUT AVENUE NW | | | | | |
| (c) City, State and ZIP Code WASHINGTON DC 20036 | | | | | |
| 2. | Corporate filers only Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 5%; border: none;">Individual filers only</td> <td style="border: none; width: 65%;">Name of Employer</td> <td style="border: none; width: 30%;">Occupation</td> </tr> </table> | | | Individual filers only | Name of Employer | Occupation |
| Individual filers only | Name of Employer | Occupation | | | |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Report ☐ 48-Hour Report
- ☐ 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
1 0

 /

D D
0 1

 /

Y Y Y Y
2 0 0 6

THROUGH

M M
1 2

 /

D D
3 1

 /

Y Y Y Y
2 0 0 6

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

65640.00

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

01/23/2007

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
MSHC Partners Inc.

Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | | 2 | 3 | | 2 | 0 | 0 | 6 |

Mailing Address

1155 15th Street, NW Suite 300

Amount

65640.00

City

Washington

State

DC

Zip Code

20005

Purpose of Expenditure

Mail production and mailing expense

Category/
Type

004

Office Sought:

☐

House

State: MO

Senate

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Claire McCaskill/James Talent

Disbursement For:

☐

Primary

☐

General

Calendar Year-To-Date Per Election
for Office Sought

65640.00

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

65640.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

65640.00