

FEC FORM 5

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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 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 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 / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 6

THROUGH

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 6

6. TOTAL CONTRIBUTIONS00

7. TOTAL INDEPENDENT EXPENDITURES..... 38218.00

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**

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10/15/2006

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

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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

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 6Mailing Address
1155 15th Street, NW
Suite 300

Amount

28271.00

City State Zip Code
Washington DC 20005Purpose of Expenditure
Mail production and mailing (actual cost)Category/
Type 004Office Sought: ☐ House State: AZ
☒ Senate
☐ President District: 00Name of Federal Candidate Supported or Opposed by Expenditure:
Jim Pederson/Jon KyleCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 28644.00Disbursement For: ☐ Primary ☐ General
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Predicted Lists, LLC

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 6Mailing Address
1155 15th Street, NW
Suite 300

Amount

373.00

City State Zip Code
Washington DC 20005Purpose of Expenditure
Purchase of mail list (actual cost)Category/
Type 004Office Sought: ☐ House State: AZ
☒ Senate
☐ President District: 00Name of Federal Candidate Supported or Opposed by Expenditure:
Jim Pederson/Jon KyleCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 28644.00Disbursement For: ☐ Primary ☐ General
☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
MSHC Partners

Date

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 0 6Mailing Address
1155 15th Street, NW
Suite 300

Amount

9452.00

City State Zip Code
Washington DC 20005Purpose of Expenditure
Mail production and mailing (actual cost)Category/
Type 004Office Sought: ☒ House State: AZ
☐ Senate
☐ President District: 05Name of Federal Candidate Supported or Opposed by Expenditure:
Harry Mitchell/JD HayworthCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 9574.00Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

38096.00

(b) SUBTOTAL of Unitemized Independent Expenditures

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

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 3**

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
Predicted Lists, LLC

Date

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

Mailing Address
1155 15th Street, NW
Suite 300

Amount

122.00

City	State	Zip Code
Washington	DC	20005

Purpose of Expenditure
Purchase of mail list (actual cost)Category/
Type 004
 Office Sought: ☒ House State: AZ
☐ Senate District: 05
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Harry Mitchell/JD HayworthCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 9574.00Disbursement For: ☐ Primary ☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

122.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

38218.00