

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Women Vote

ADDRESS (number and street)

PO Box 96612

Check if different
than previously
reported. (ACC)

Washington

DC

20077

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2026

through

M M M / D D D / Y Y Y Y Y Y
08 31 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robinson, Denelle, , ,

Signature of Treasurer

Robinson, Denelle, , ,

Date

M M M / D D D / Y Y Y Y Y Y
09 20 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Women VoteReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
08		01		2026

 To:

M M	/	D D	/	Y Y Y Y Y
08		31		2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		1488932.15
(b) Cash on Hand at Beginning of Reporting Period.....	3277817.65	
(c) Total Receipts (from Line 19)	1230000.00	6152466.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4507817.65	7641398.16
7. Total Disbursements (from Line 31)	1278945.37	4412525.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3228872.28	3228872.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	650000.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Women Vote

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
08	/	01	/	2026

To:

M M	/	D D	/	Y Y Y Y
08	/	31	/	2026

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).....	1025000.00	3989374.00
(ii) Unitemized	0.00	92.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1025000.00	3989466.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	205000.00	2145000.01
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1230000.00	6134466.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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	18000.00
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))	1230000.00	6152466.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1230000.00	6152466.01

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

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	20090.37	473280.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	20090.37	473280.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	70000.00
24. Independent Expenditures (use Schedule E)	208855.00	2469245.16
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	1050000.00	1400000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	1278945.37	4412525.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1278945.37	4412525.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1230000.00	6134466.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1230000.00	6134466.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	20090.37	473280.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	18000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	20090.37	455280.72

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 14
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Green Advocacy Project

Mailing Address 1467 Hamilton Ave

City
Palo AltoState
CAZip Code
94301FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 07 / 2026**Transaction ID : 9011104**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hostetter, Amos, , ,

Mailing Address 85 Mount Vernon Street

City
BostonState
MAZip Code
02108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 12 / 2026**Transaction ID : 9014084**

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stiefel, Barbara, , ,

Mailing Address P.O. Box 141128

City
MiamiState
FLZip Code
33114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2026**Transaction ID : 9034971**

Amount of Each Receipt this Period

10000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

610000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Women Vote

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. EMILYs List ActionMailing Address 1800 M Street, NW
Ste 375NCity
WashingtonState
DCZip Code
20036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2026

Transaction ID : 9026904

Amount of Each Receipt this Period

415000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

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

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

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

415000.00

1025000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Vote

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Air Line Pilots Assoc Int'l PAC

Mailing Address 7950 Jones Branch Dr, Ste 400S

City
Mclean

State
VA

Zip Code
22102

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 9012108

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SMART Political Education League

Mailing Address 1750 New York Ave, NW Ste 600

City
Washington

State
DC

Zip Code
20006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 11 / 2026

Transaction ID : 9012109

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. United Food and Commercial Workers

Mailing Address 1775 K Street NW

City
Washington

State
DC

Zip Code
20006

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

08 / 19 / 2026

Transaction ID : 9021351

Amount of Each Receipt this Period

75000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

125000.00

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

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

FOR LINE NUMBER: PAGE 9 OF 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Women Vote

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. American Association for Justice PAC

Mailing Address 777 6th Street NW

City
Washington

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

08 / 20 / 2026

Transaction ID : 9022174

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. UAW

Mailing Address 8000 East Jefferson Ave

City
Detroit

State
MI

Zip Code
48214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

08 / 05 / 2026

Transaction ID : 9011105

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. UAW

Mailing Address 8000 East Jefferson Ave

City
Detroit

State
MI

Zip Code
48214

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

08 / 10 / 2026

Transaction ID : 9011106

Amount of Each Receipt this Period

15000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

80000.00

205000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Vote

Full Name (Last, First, Middle Initial)

A. First Data Merchant Services

Mailing Address PO Box 6010

City
HagerstownState
MDZip Code
21741

Purpose of Disbursement

Credit Card Service Charges

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B-2868

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Paragon Payment SolutionsMailing Address 2141 East Broadway Rd
Ste 202City
TempeState
AZZip Code
85282

Purpose of Disbursement

Credit Card Service Charges

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B-2867

Amount of Each Disbursement this Period

65.37

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MMW Advising, LLC

Mailing Address 924 Euterpe Street

City
New OrleansState
LAZip Code
70130

Purpose of Disbursement

Consulting Fundraising

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B-2866

Amount of Each Disbursement this Period

20000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20090.37

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

20090.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☒ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Women Vote

Full Name (Last, First, Middle Initial)

A. EMILY's List Non-Federal

Mailing Address PO Box 96612

City
WashingtonState
DCZip Code
20077

Purpose of Disbursement

Committee Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB29-2870

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. EMILYs List Non-Federal Operating

Mailing Address PO Box 96612

City
WashingtonState
DCZip Code
20077

Purpose of Disbursement

Committee Contribution

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB29-2869

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

1050000.00

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

1050000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 14

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Women Vote

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FTX Recovery Trust

Nature of Debt (Purpose):

Bankruptcy Proceeding Settlement

Mailing Address 2600 S Shore Blvd
Ste 300City
League CityState
TXZip Code
77573

Outstanding Balance Beginning This Period

650000.00

Transaction ID : SD-WV-6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

650000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

650000.00

2) **TOTALS** This Period (last page this line number only)..... ►

650000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

650000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 13 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Vote			FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY				
Full Name of Payee Waterfront Strategies ☐ Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2026	
Mailing Address PO Box 771733			Amount 99000.00	
City Saint Louis	State MO	Zip Code 63177-1733	Transaction ID : 500017627 Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2026	
Purpose of Expenditure TV Media Buy		Category/ Type 004		
Name of Federal Candidate: Berg, Kaela, , , ☒ Support ☐ Oppose			Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 639448.00			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee Waterfront Strategies ☐ Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 04 / 2026	
Mailing Address PO Box 771733			Amount 54855.00	
City Saint Louis	State MO	Zip Code 63177-1733	Transaction ID : 500017628 Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2026	
Purpose of Expenditure TV Media Buy		Category/ Type 004		
Name of Federal Candidate: Berg, Kaela, , , ☒ Support ☐ Oppose			Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 639448.00			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			153855.00	
(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.				
Signature <u>Robinson, Denelle, , ,</u>			Date MM / DD / YYYY 09 / 20 / 2026	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 14
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Vote		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if ☐ 24-hour report ☐ 48-hour report		New report ☐ Amends report filed on MM / DD / YYYY	
Full Name of Payee Waterfront Strategies ☐ Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY Amount 30000.00	
Mailing Address PO Box 771733		Transaction ID : 500017629 Date of Disbursement or Obligation MM / DD / YYYY	
City Saint Louis	State MO	Zip Code 63177-1733	Category/ Type 004
Purpose of Expenditure TV Media Buy		Name of Federal Candidate: Berg, Kaela, , , ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 639448.00		Office Sought: ☒ House ☐ President ☐ Senate District: <u>02</u> State: <u>MN</u>	
Full Name of Payee Waterfront Strategies ☐ Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY Amount 25000.00	
Mailing Address PO Box 771733		Transaction ID : 500017630 Date of Disbursement or Obligation MM / DD / YYYY	
City Saint Louis	State MO	Zip Code 63177-1733	Category/ Type 004
Purpose of Expenditure TV Media Buy		Name of Federal Candidate: Berg, Kaela, , , ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 639448.00		Office Sought: ☒ House ☐ President ☐ Senate District: <u>02</u> State: <u>MN</u>	
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 55000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶			
(c) TOTAL Independent Expenditures ▶ 208855.00			
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.			
Signature <u>Robinson, Denelle, , ,</u>		Date MM / DD / YYYY	