

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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Individual filers only</td> <td style="width: 60%;">Name of Employer</td> <td style="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
0	1

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	1

 /

D	D
2	5

 /

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

61699.93

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

01/25/2008

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

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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 Inc.

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Mailing Address
1155 15th St, NW
Suite 300

Amount

39919.20

City	State	Zip Code
Washington	DC	20005

Purpose of Expenditure
Mail production and mailing expenseCategory/
Type
Office Sought: ☒ House State: IL
☐ Senate District: 03
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Daniel Lipinski/ Mark PeraCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 39919.20Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Knickerbocker SKD

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	0	8

Mailing Address
594 Broadway
Suite 610

Amount

21780.73

City	State	Zip Code
New York	NY	10012

Purpose of Expenditure
Mail production and mailing expenseCategory/
Type
Office Sought: ☒ House State: MD
☐ Senate District: 04
☐ President
Name of Federal Candidate Supported or Opposed by Expenditure:
Donna EdwardsCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 21780.73Disbursement For: ☒ Primary ☐ General
2008
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

61699.93

(b) SUBTOTAL of Unitemized Independent Expenditures

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

61699.93