

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation CENTER FOR VOTER INFORMATION (F/K/A WOMEN'S VOICES WOMEN VOTE ACTION FUND)		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1707 L STREET NW SUITE 300		
(c) City, State and ZIP Code WASHINGTON DC 20036		3. FEC Identification Number C C90009317
2. Occupation and Name of Employer (for Individual Filers Only)		

## 4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report☐ July 15 Quarterly Report☐ 24-Hour Report☐ October 15 Quarterly Report☐ 48-Hour Report☐ January 31 Year-End Reportb) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

M M / D D / Y Y Y Y

## 5. COVERING PERIOD:

FROM

M M / D D / Y Y Y Y  
01 / 01 / 2018

THROUGH

M M / D D / Y Y Y Y  
03 / 31 / 2018

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

7963.54

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Page, Jacques, , ,

Page, Jacques, , ,

04/12/2018

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

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CENTER FOR VOTER INFORMATION (F/K/A WOMEN'S VOICES WOMEN VOTE ACTION FUND)

Full Name (Last, First, Middle Initial) of Payee The Pivot Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 13 / 2018	
Mailing Address 1720 I St., NW Suite 550		Amount 2168.61	
City Washington	State DC	Zip Code 20006	Transaction ID : F57.4171
Purpose of Expenditure Mailers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SACCONE, RICK, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2168.61		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) Special-General	

  

Full Name (Last, First, Middle Initial) of Payee The Pivot Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 13 / 2018	
Mailing Address 1720 I St., NW Suite 550		Amount 2168.61	
City Washington	State DC	Zip Code 20006	Transaction ID : F57.4172
Purpose of Expenditure Mailers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SACCONE, RICK, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4337.22		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) Special-General	

  

Full Name (Last, First, Middle Initial) of Payee The Pivot Group, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 13 / 2018	
Mailing Address 1720 I St., NW Suite 550		Amount 1813.16	
City Washington	State DC	Zip Code 20006	Transaction ID : F57.4173
Purpose of Expenditure Mailers	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 18 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: SACCONE, RICK, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6150.38		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) Special-General	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6150.38
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 3 OF 3  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

CENTER FOR VOTER INFORMATION (F/K/A WOMEN'S VOICES WOMEN VOTE ACTION FUND)

Full Name (Last, First, Middle Initial) of Payee

The Pivot Group, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY  
02 / 13 / 2018

Mailing Address 1720 I St., NW

Suite 550

Amount

1813.16

Transaction ID : F57.4174

Purpose of Expenditure  
MailingCategory/  
Type 004Office Sought: ☒ House State: PA  
☐ Senate District: 18  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
SACCONI, RICK, , ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought

7963.54

Disbursement For: ☐ Primary ☐ General  
2018  
☒ Other (specify) Special-General

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

(a) SUBTOTAL of Itemized Independent Expenditures..... 1813.16

(b) SUBTOTAL of Unitemized Independent Expenditures ..... 0.00

(c) TOTAL Independent Expenditures..... 7963.54  
(carry total from last page forward to Line 7)