

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 SPEAK OUT PAC

ADDRESS (number and street) **1200 NEW HAMPSHIRE AVE NW**
SUITE 750
 Check if different than previously reported. (ACC) **WASHINGTON DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00530766 3. IS THIS REPORT NEW (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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Buchanan, Emily, , ,
Type or Print Name of Treasurer

Signature of Treasurer *Buchanan, Emily, , ,* [Electronically Filed] Date **05** / **17** / **2017**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		496911.89
(b) Cash on Hand at Beginning of Reporting Period.....	407295.58	
(c) Total Receipts (from Line 19)	112985.30	1255877.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	520280.88	1752789.79
7. Total Disbursements (from Line 31).....	473660.04	1706168.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46620.84	46620.84
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)	35918.99	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: MM / DD / YYYY 10 / 20 / 2016 To: MM / DD / YYYY 11 / 28 / 2016

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).....	62662.00	1176944.43
(ii) Unitemized	50323.30	68289.74
(iii) TOTAL (add		
Lines 11(a)(i) and (ii).....▶	112985.30	1245234.17
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	112985.30	1245234.17
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	10643.73
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)).....▶	112985.30	1255877.90
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19).....▶	112985.30	1255877.90

DETAILED SUMMARY PAGE

of Disbursements

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	139450.06	618579.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	139450.06	618579.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	334209.98	1087589.08
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).....	0.00	0.00
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)) ..	473660.04	1706168.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	473660.04	1706168.95

DETAILED SUMMARY PAGE
of Disbursements

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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)	112985.30	1245234.17
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	112985.30	1245234.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	139450.06	618579.87
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	10643.73
38. Net Operating Expenditures (subtract Line 37 from Line 36)	139450.06	607936.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 SPEAK OUT PAC

A. Aultman, Kathi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1469 Winfred Drive East
 City Orange Park State FL Zip Code 32073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.8902
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Balzarini, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30206 N 117th Drive
 City Peoria State AZ Zip Code 85383-8254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2016
Transaction ID : SA11AI.7496
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Bellissimo, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 15th Street Northwest Suite 4
 City Washington State DC Zip Code 20005-2748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ForthRight Strategy Occupation (for Individual) Business Executive
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11AI.7131
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Buerger, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 115 Stony Ridge Court
 City Hillsdale State MI Zip Code 49242-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.8349
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Burch, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5245 North 21st Street
 City Phoenix State AZ Zip Code 85016-3462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brighton Development Occupation (for Individual) Business Owner
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8122
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Carlson, Carol, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14750 Beach Boulevard Apt. 54
 City Jacksonville Beach State FL Zip Code 32250-2375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8123
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Cates, Rebecca, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 632

City Cle Elum	State WA	Zip Code 98922-0632
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Accountant
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016

Transaction ID : SA11AI.7962

Amount of Each Receipt this Period
 250.00

Memo Item

B. Chellis, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8354 Luce Court

City Springfield	State VA	Zip Code 22153-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St John Paul HS	Occupation (for Individual) Admin
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
168.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2016

Transaction ID : SA11AI.9016

Amount of Each Receipt this Period
 168.00

Memo Item

C. Chellis, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8354 Luce Court

City Springfield	State VA	Zip Code 22153-3318
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St John Paul HS	Occupation (for Individual) Admin
--	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
347.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2016

Transaction ID : SA11AI.9017

Amount of Each Receipt this Period
 179.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	597.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Chellis, Maria Elena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8354 Luce Court
 City Springfield State VA Zip Code 22153-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St John Paul HS Occupation (for Individual) Admin
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2016
Transaction ID : SA11AI.9018
 Amount of Each Receipt this Period
 198.00
 Memo Item

B. Connolly, Kimberly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4003 Briarwood Avenue
 City Wausau State WI Zip Code 54403-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Info Requested Occupation (for Individual) Info Requested
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : SA11AI.7863
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Dahl, Kristian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5004 Harvest Glen Court
 City Glen Allen State VA Zip Code 23059-2539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McGuireWoods LLP Occupation (for Individual) Attorney
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8116
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	698.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Davis, Terry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1308 Rhode Island Ave NW
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ForthRight Strategy Occupation (for Individual) Production Manager
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 20 / 2016
Transaction ID : SA11AI.7127
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Ducey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 E Lawn Drive
 City Holmdel State NJ Zip Code 07733-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BNY Mellon Occupation (for Individual) Banking
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016
Transaction ID : SA11AI.7964
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Ducey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 E Lawn Drive
 City Holmdel State NJ Zip Code 07733-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BNY Mellon Occupation (for Individual) Banking
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.8346
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Ducey, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34 E Lawn Drive
 City Holmdel State NJ Zip Code 07733-2402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BNY Mellon Occupation (for Individual) Banking
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 11 / 03 / 2016
Transaction ID : SA11AI.8729
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Evans, Marilyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 263 South Beach Road
 City Hobe Sound State FL Zip Code 33455-2603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Evans Financial Svc Ltd Occupation (for Individual) Investor
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 28 / 2016
Transaction ID : SA11AI.7651
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Freeborn, Joann, Lee, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1904 North 240th Road
 City Concordia State KS Zip Code 66901-6825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 31 / 2016
Transaction ID : SA11AI.7966
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Friess, Foster, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 9790

City Jackson	State WY	Zip Code 83002-9790
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Friess Family Foundation	Occupation (for Individual) Founder and Chairman
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.8908

Amount of Each Receipt this Period
25000.00

Memo Item

B. Goodliffe, Lenora, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3273 Rosewood Lane`

City Escondido	State CA	Zip Code 92027-6754
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2016

Transaction ID : SA11AI.7859

Amount of Each Receipt this Period
250.00

Memo Item

C. Green, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2408 Skyline Pointe

City Jonesboro	State AR	Zip Code 72404
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) retired	Occupation (for Individual) radiologist
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

Transaction ID : SA11AI.7968

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	25500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Gunn, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 364 Bloomsbury Cir
 City Camden State SC Zip Code 29020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.8904
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Henkel, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4092 South Wabash Street
 City Denver State CO Zip Code 80237-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11AI.7098
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Henkel, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4092 South Wabash Street
 City Denver State CO Zip Code 80237-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : SA11AI.7851
 Amount of Each Receipt this Period
 75.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	675.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Henkel, Raymond, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4092 South Wabash Street
 City Denver State CO Zip Code 80237-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2016
Transaction ID : SA11AI.9150
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Henry, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 Guadalupe Court
 City Colleyville State TX Zip Code 76034-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Small Business Owner
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.8893
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Henry, Beverly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 Guadalupe Court
 City Colleyville State TX Zip Code 76034-5885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Small Business Owner
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.8894
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Hofshi, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 Clyde Townsend Road Apt. 17
 City Boone State NC Zip Code 28607-8655
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Construction
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2016
Transaction ID : SA11AI.8900
 Amount of Each Receipt this Period
 385.00
 Memo Item

B. Korpan, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31483 Morning Star Drive
 City Evergreen State CO Zip Code 80439-7969
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2016
Transaction ID : SA11AI.7506
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Korte, Gregg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8479 Greenbriar Estate
 City Edwardsville State IL Zip Code 62025-6947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NOYB Inc Occupation (for Individual) Manager
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.7960
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1085.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 16 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Kranzlin, Mary, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 809 Oenoke Ridge
 City New Canaan State CT Zip Code 06840-3128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 28 / 2016
Transaction ID : SA11AI.7653
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Kurtz, Freda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 19434
 City Reno State NV Zip Code 89511-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CIS Technology Inc. Occupation (for Individual) Admin
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11AI.7223
 Amount of Each Receipt this Period 250.00
 Memo Item

C. LeBlanc, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2759 Ridgeway Avenue
 City Rochester State NY Zip Code 14626-4210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2016
Transaction ID : SA11AI.7307
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 78
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Marotti, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10821 Duval Circle

City Kalamazoo	State MI	Zip Code 49009-6263
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2016

Transaction ID : SA11AI.7305

Amount of Each Receipt this Period

250.00

 Memo Item

B. Mohun, Maximilian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 W Linden St

City Caldwell	State ID	Zip Code 83605
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) eWingz Systems Inc		Occupation (for Individual) CEO
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.8898

Amount of Each Receipt this Period

250.00

 Memo Item

C. Mora, Alberto, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Fair Street

City Cold Spring	State NY	Zip Code 10516-3005
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Vidaris		Occupation (for Individual) Architect
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2016

Transaction ID : SA11AI.8896

Amount of Each Receipt this Period

250.00

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Myers, Ian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3104 Quail Lane
 City Arlington State TX Zip Code 76016-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Safe Money Resource Inc. Occupation (for Individual) Communications Coordinator
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8118
 Amount of Each Receipt this Period
 400.00
 Memo Item

B. Nohrden, Marlana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Las Brisas Drive West Lake
 City West Lake Hills State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.7657
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Nohrden, Marlana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Las Brisas Drive West Lake
 City West Lake Hills State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.8347
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 78
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Nolan, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Faustino Way
 City Sacramento State CA Zip Code 95831-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Attorney
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11AI.7114
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Nolan, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Faustino Way
 City Sacramento State CA Zip Code 95831-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Attorney
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2016
Transaction ID : SA11AI.7115
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Nolan, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6411 Faustino Way
 City Sacramento State CA Zip Code 95831-1076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Attorney
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.7641
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. OConnell, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8908 Iverleigh Court
 City Potomac State MD Zip Code 20854-4469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Public Health Consultant
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2016
Transaction ID : SA11AI.7366
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. OConnell, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8908 Iverleigh Court
 City Potomac State MD Zip Code 20854-4469
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Public Health Consultant
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8110
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. ODonnell, Kathleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2165 Gulf of Mexico Drive Apt.141
 City Longboat Key State FL Zip Code 34228-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RETIRED Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2016
Transaction ID : SA11AI.7861
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Orscheln, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 280
 City Moberly State MO Zip Code 65270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ORSCHELN PRODUCTS LLC Occupation (for Individual) PRESIDENT
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 11 / 04 / 2016
Transaction ID : SA11AI.8906
 Amount of Each Receipt this Period
 10000.00
 Memo Item

B. Perry, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Main Street Floor 2
 City East Aurora State NY Zip Code 14052-1700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Public relations
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 20 / 2016
Transaction ID : SA11AI.7129
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Pfeiffer, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9356 Brehm Rd
 City Cincinnati State OH Zip Code 45252-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 10 / 22 / 2016
Transaction ID : SA11AI.7219
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10350.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Pfeiffer, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9356 Brehm Rd
 City Cincinnati State OH Zip Code 45252-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.7620
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Pfeiffer, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9356 Brehm Rd
 City Cincinnati State OH Zip Code 45252-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2016
Transaction ID : SA11AI.8320
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Rupert, Mary, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 717 Manatawna Avenue
 City Philadelphia State PA Zip Code 19128-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2016
Transaction ID : SA11AI.7500
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Salcedo, Judith, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14301 Bidwell Avenue

City Cleveland	State OH	Zip Code 44111-1454
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Teacher
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2016

Transaction ID : SA11AI.7819

Amount of Each Receipt this Period
250.00

Memo Item

B. Smith, Lancia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1061 East 133rd Way

City Thornton	State CO	Zip Code 80241-1122
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Smith Environmental and Engineering	Occupation (for Individual) Executive Management / Writing
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

Transaction ID : SA11AI.7655

Amount of Each Receipt this Period
250.00

Memo Item

C. Szczepaniak, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 192 W. Third Ave.

City Trappe	State PA	Zip Code 19426
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Info Requested	Occupation (for Individual) Info Requested
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
257.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2016

Transaction ID : SA11AI.9168

Amount of Each Receipt this Period
257.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	757.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Taylor, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 Santa Paula Drive
 City Salinas State CA Zip Code 93901-1517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VERITAS V Occupation (for Individual) MANAGER
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 11 / 01 / 2016
Transaction ID : SA11AI.8127
 Amount of Each Receipt this Period
 10000.00
 Memo Item

B. Taylor, Wayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 359
 City Oak Grove State MI Zip Code 64075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 10 / 27 / 2016
Transaction ID : SA11AI.7504
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Unanue, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 Reinante Ave
 City Coral Gables State FL Zip Code 33156-2345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Purchasing executive
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 10 / 27 / 2016
Transaction ID : SA11AI.7498
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	10550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 78
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Vidimos, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 Rustic Woods Court
 City Bedford State TX Zip Code 76021-4064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) American Airlines Occupation (for Individual) Airline Pilot
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.7970
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. von Clef, Julius, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 32189
 City Knoxville State TX Zip Code 37930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Summit Medical Group Occupation (for Individual) Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2016
Transaction ID : SA11AI.7972
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Wierda, Craig, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 central avenue
 City Holland State MI Zip Code 49423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Eagle Companies Occupation (for Individual) Manager
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8125
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 78
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Williams, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4333 Blackthorne Court
 City Virginia Beach State VA Zip Code 23455-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Childrens Specialty Group Occupation (for Individual) Physician
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2016
Transaction ID : SA11AI.8120
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Young, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 1210
 City Sylvania State OH Zip Code 43560-5210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Business consultant/investor
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2016
Transaction ID : SA11AI.7659
 Amount of Each Receipt this Period
 400.00
 Memo Item

C. Zeidler, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2416 North 74th Street
 City Wauwatosa State WI Zip Code 53213-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Family Life Council Inc. Occupation (for Individual) Administrator
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2016
Transaction ID : SA11AI.7502
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	62662.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement
Director Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.9214**
Amount of Each Disbursement this Period
6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. All Seasons Strategies, LLC

Mailing Address P.O. Box 3521

City Spokane State WA Zip Code 99202

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 22 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6924**
Amount of Each Disbursement this Period
1313.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Ashley, Michelle, , ,

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6918**
Amount of Each Disbursement this Period
1963.07

Memo Item

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

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

9276.96

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Ashley, Michelle, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6919**

Amount of Each Disbursement this Period: 99.95

Memo Item

B. Ashley, Michelle, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6920**

Amount of Each Disbursement this Period: 498.87

Memo Item

C. Authorize.net

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement Credit Card Processing fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : **SB21B.6889**

Amount of Each Disbursement this Period: 788.07

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1386.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6932**
Amount of Each Disbursement this Period
93.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Authorize.net

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6890**
Amount of Each Disbursement this Period
1.18

Memo Item

Full Name (Last, First, Middle Initial)

C. Authorize.net

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6891**
Amount of Each Disbursement this Period
75.64

Memo Item

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

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

170.52

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)
A. Authorize.net

Date of Disbursement
MM / DD / YYYY
11 / 03 / 2016

Mailing Address P.O. Box 947

City American Fork State UT Zip Code 84003-0947

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.6892**
Amount of Each Disbursement this Period
214.10

Memo Item

Full Name (Last, First, Middle Initial)
B. Baker, Naomi, , ,

Date of Disbursement
MM / DD / YYYY
11 / 15 / 2016

Mailing Address 1200 New Hampshire Ave NW
Suiye 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Field Director expenses

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.9211**
Amount of Each Disbursement this Period
439.20

Memo Item

Full Name (Last, First, Middle Initial)
C. Blevio, Chrissy, , ,

Date of Disbursement
MM / DD / YYYY
11 / 10 / 2016

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.6895**
Amount of Each Disbursement this Period
80.04

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 733.34

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Blevio, Chrissy, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6897

Amount of Each Disbursement this Period: 150.97

Memo Item

B. Campaign HQ

Full Name (Last, First, Middle Initial)

Mailing Address 109 West Front St

City Brooklyn State IN Zip Code 52211

Purpose of Disbursement Conference Call

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 22 / 2016

FEC Identification Number: C

Transaction ID : SB21B.9218

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Chain Bridge Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1445 McLaughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement Bank fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6888

Amount of Each Disbursement this Period: 79.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 729.97

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 1445 McLaughlin Ave		FEC Identification Number C [] Transaction ID : SB21B.6925 Amount of Each Disbursement this Period [] 220.00	
City McLean	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement Wire transfer fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) B. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 1445 McLaughlin Ave		FEC Identification Number C [] Transaction ID : SB21B.6926 Amount of Each Disbursement this Period [] 200.00	
City McLean	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement Wire transfer fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

Full Name (Last, First, Middle Initial) C. Chain Bridge Bank		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016	
Mailing Address 1445 McLaughlin Ave		FEC Identification Number C [] Transaction ID : SB21B.6927 Amount of Each Disbursement this Period [] 200.00	
City McLean	State VA	Zip Code 22101	Category/ Type []
Purpose of Disbursement Wire Transfer fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Memo Item <input type="checkbox"/>	
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 620.00
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Design 4 Advertising

Full Name (Last, First, Middle Initial)
Mailing Address 106 N Collins St

City Plant City State FL Zip Code 33563

Purpose of Disbursement: Editing Hiring Flyer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 21 / 2016

FEC Identification Number: C
Transaction ID : SB21B.9224
Amount of Each Disbursement this Period: 80.00

Memo Item

B. Edson, Timothy, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 836 5th St NE

City Washington State DC Zip Code 20002

Purpose of Disbursement: Director Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 16 / 2016

FEC Identification Number: C
Transaction ID : SB21B.9215
Amount of Each Disbursement this Period: 1446.31

Memo Item

C. Escalante, Eileen, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 1200 New Hampshire Ave

City Washington State DC Zip Code 20036

Purpose of Disbursement: Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C
Transaction ID : SB21B.6893
Amount of Each Disbursement this Period: 129.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1655.48

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Escalante, Eileen, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 1200 New Hampshire Ave		FEC Identification Number C [] Transaction ID : SB21B.6894 Amount of Each Disbursement this Period [] 1055.37	
City Washington	State DC	Zip Code 20036	Category/ Type []
Purpose of Disbursement Expense Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Escalante, Eileen, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 1200 New Hampshire Ave		FEC Identification Number C [] Transaction ID : SB21B.6896 Amount of Each Disbursement this Period [] 844.55	
City Washington	State DC	Zip Code 20036	Category/ Type []
Purpose of Disbursement Expense Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Fitzgerald, Tami, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6911 Amount of Each Disbursement this Period [] 738.26	
City Washington	State DC	Zip Code 20036	Category/ Type []
Purpose of Disbursement Expense Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input type="checkbox"/> Memo Item

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

2638.18

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Fitzgerald, Tami, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6912

Amount of Each Disbursement this Period: 195.22

Memo Item

B. Greco, Grayson, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6902

Amount of Each Disbursement this Period: 360.18

Memo Item

C. Greco, Grayson, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6906

Amount of Each Disbursement this Period: 71.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 627.01

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)
A. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Payroll fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.9220

Amount of Each Disbursement this Period: 54557.40

Memo Item

Full Name (Last, First, Middle Initial)
B. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Director Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.9221

Amount of Each Disbursement this Period: 16569.17

Memo Item

Full Name (Last, First, Middle Initial)
C. Headway Workforce Solutions

Mailing Address 421 Fayetteville St #1020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 01 / 2016

FEC Identification Number: C

Transaction ID : SB21B.9225

Amount of Each Disbursement this Period: 2191.91

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 73318.48

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Hollar, Jeremy, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6905 Amount of Each Disbursement this Period [REDACTED] 215.90
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Hollar, Jeremy, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6909 Amount of Each Disbursement this Period [REDACTED] 137.14
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. i360		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address P.O. Box 37046		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6928 Amount of Each Disbursement this Period [REDACTED] 2500.00
City Baltimore	State MD	Zip Code 21297-3046
Purpose of Disbursement Subscription		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 2853.04

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. i360

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement
Digital Rev Share

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 11 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6929
Amount of Each Disbursement this Period
582.52

Memo Item

Full Name (Last, First, Middle Initial)

B. i360

Mailing Address P.O. Box 37046

City Baltimore State MD Zip Code 21297-3046

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6930
Amount of Each Disbursement this Period
2697.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6886
Amount of Each Disbursement this Period
129.20

Memo Item

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

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

3409.33

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6931
Amount of Each Disbursement this Period
15.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Credit card processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6887
Amount of Each Disbursement this Period
40.20

Memo Item

Full Name (Last, First, Middle Initial)

C. Kirkman, Jason, , ,

Mailing Address 1200 NEw Hampshire Ave
Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement
Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6903
Amount of Each Disbursement this Period
198.93

Memo Item

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

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

255.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Kirkman, Jason, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave Ste 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6907 Amount of Each Disbursement this Period [REDACTED] 63.85
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Lee, Laurie, , ,		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 1104 Westpoint Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6898 Amount of Each Disbursement this Period [REDACTED] 5682.16
City Little Rock	State AR	Zip Code 72211
Purpose of Disbursement Expense Reimbursement		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Lee, Laurie, , ,		Date of Disbursement MM / DD / YYYY 11 / 18 / 2016
Mailing Address 1104 Westpoint Court		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6899 Amount of Each Disbursement this Period [REDACTED] 884.60
City Little Rock	State AR	Zip Code 72211
Purpose of Disbursement Expense Reimbursement		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 6630.61
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Love, Julie, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6913 Amount of Each Disbursement this Period [] 390.79
City washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Love, Julie, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6921 Amount of Each Disbursement this Period [] 189.35
City washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Love, Julie, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6922 Amount of Each Disbursement this Period [] 441.35
City washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1021.49
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Miller, Desiree, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1200 New Hampshire Ave, NW Suite 750		FEC Identification Number C [] Transaction ID : SB21B.6904 Amount of Each Disbursement this Period [] 333.35
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Miller, Desiree, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave, NW Suite 750		FEC Identification Number C [] Transaction ID : SB21B.6908 Amount of Each Disbursement this Period [] 69.34
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Parker, Mary, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6914 Amount of Each Disbursement this Period [] 578.32
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

981.01

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Parker, Mary, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6915 Amount of Each Disbursement this Period 2073.10
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Parker, Mary, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6916 Amount of Each Disbursement this Period 118.10
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address 3060 Williams Dr #200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6934 Amount of Each Disbursement this Period 55.51
City Fairfax	State VA	Zip Code 22031
Purpose of Disbursement Payroll expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2246.71
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Paychex

Mailing Address 3060 Williams Dr
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6935**
Amount of Each Disbursement this Period
55.51

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 3060 Williams Dr
#200

City Fairfax State VA Zip Code 22031

Purpose of Disbursement
Payroll expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.6936**
Amount of Each Disbursement this Period
70.33

Memo Item

Full Name (Last, First, Middle Initial)

C. Trace Strategies, LLC

Mailing Address 11104 Westpoint Court

City Litte Rock State AR Zip Code 72211

Purpose of Disbursement
Director Payroll, FL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 04 / 2016

FEC Identification Number

C
Transaction ID : **SB21B.9213**
Amount of Each Disbursement this Period
7000.00

Memo Item

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

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

7125.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Trace Strategies, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 11104 Westpoint Court

City Litte Rock State AR Zip Code 72211

Purpose of Disbursement Oct/Nov Payroll Director, MO

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.9216

Amount of Each Disbursement this Period: 15000.00

Memo Item

B. Trace Strategies, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 11104 Westpoint Court

City Litte Rock State AR Zip Code 72211

Purpose of Disbursement Director Payroll, OH

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 04 / 2016

FEC Identification Number: C

Transaction ID : SB21B.9217

Amount of Each Disbursement this Period: 7000.00

Memo Item

C. Williams, Petrina, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1200 New Hampshire Ave NW Ste 750

City Washington State DC Zip Code 20036

Purpose of Disbursement Expense Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 03 / 2016

FEC Identification Number: C

Transaction ID : SB21B.6900

Amount of Each Disbursement this Period: 628.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 22628.17

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Williams, Petrina, , ,		Date of Disbursement MM / DD / YYYY 11 / 03 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6901 Amount of Each Disbursement this Period [] 553.89
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Williams, Petrina, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 1200 New Hampshire Ave NW Ste 750		FEC Identification Number C [] Transaction ID : SB21B.6910 Amount of Each Disbursement this Period [] 243.37
City Washington	State DC	Zip Code 20036
Purpose of Disbursement Expense Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 797.26
TOTAL This Period (last page this line number only).....▶	[] 139105.37

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 78
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Existing Loan owed to SBA
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="10500.00"/>	Transaction ID : SD10.4157	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Loan for FEC Reporting Services
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="5000.00"/>	Transaction ID : SD10.4110	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Mailings Expense
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period <input type="text" value="5204.43"/>	Transaction ID : SD10.4318	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5204.43"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="20704.43"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 48 OF 78
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Original transactions put on SBA CC
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period 8610.00	Transaction ID : SD10.6625	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 8610.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Expense put on SBA CC
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period 4709.73	Transaction ID : SD10.6756	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4709.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on SBA Card
Mailing Address 1200 New Hampshire Ave NW Ste 750			
City Washington	State DC	Zip Code 20036	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9222	
Amount Incurred This Period 1894.83	Payment This Period 0.00	Outstanding Balance at Close of This Period 1894.83

1) SUBTOTALS This Period This Page (optional)..... ▶	15214.56
2) TOTALS This Period (last page this line number only)..... ▶	35918.99
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) ▶	35918.99

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: American Marketing & Publishing
Mailing Address: 7380 Sprout Springs Rd, Ste 210-248
City: Flowery Branch, State: GA, Zip Code: 30542
Purpose of Expenditure: Door Hangers- UT, Category/Type: 006
Name of Federal Candidate: LOVE, MIA, , , Support
Office Sought: House, District: 04, State: UT
Calendar Year-To-Date Per Election for Office Sought: 23093.37
Disbursement For: General 2016

Full Name of Payee: American Marketing & Publishing
Mailing Address: 7380 Sprout Springs Rd, Ste 210-248
City: Flowery Branch, State: GA, Zip Code: 30542
Purpose of Expenditure: Door Hangers- UT, Category/Type: 006
Name of Federal Candidate: OWENS, H DOUGLAS, , , Oppose
Office Sought: House, District: 04, State: UT
Calendar Year-To-Date Per Election for Office Sought: 25658.37
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 5130.00
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Delta Airlines	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016			
Mailing Address 1030 Delta Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3750.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Atlanta</td> <td style="width:17%; padding: 2px;">State GA</td> <td style="width:50%; padding: 2px;">Zip Code 30354</td> </tr> </table>		City Atlanta	State GA	Zip Code 30354
City Atlanta		State GA	Zip Code 30354	
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6				
Name of Federal Candidate: LOVE, MIA, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT				
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 51408.37 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item Delta Airlines	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016			
Mailing Address 1030 Delta Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 3750.00 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Atlanta</td> <td style="width:17%; padding: 2px;">State GA</td> <td style="width:50%; padding: 2px;">Zip Code 30354</td> </tr> </table>		City Atlanta	State GA	Zip Code 30354
City Atlanta		State GA	Zip Code 30354	
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6				
Name of Federal Candidate: LEE, MIKE, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT				
<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 39302.70 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 7500.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>

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.

Buchanan, Emily, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 05 / 17 / 2017
 Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Embassy Suites Columbus	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016						
Mailing Address 2700 Corporate Exchange Dr.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1750.00</div> Transaction ID : SE.6874 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Columbus</td> <td>OH</td> <td>43231</td> </tr> </table>		City	State	Zip Code	Columbus	OH	43231
City		State	Zip Code				
Columbus	OH	43231					
Purpose of Expenditure Lodging for canvassing deployment 11/5-11/6							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> State: <u>OH</u>						
Calendar Year-To-Date Per Election for Office Sought 57163.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Embassy Suites Columbus	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016						
Mailing Address 2700 Corporate Exchange Dr.	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1750.00</div> Transaction ID : SE.6878 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Columbus</td> <td>OH</td> <td>43231</td> </tr> </table>		City	State	Zip Code	Columbus	OH	43231
City		State	Zip Code				
Columbus	OH	43231					
Purpose of Expenditure Lodging for canvassing deployment 11/5-11/6							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> State: _____						
Calendar Year-To-Date Per Election for Office Sought 297342.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">3500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Enterprise Rent a Car
Mailing Address: 843 State Street
City: Salt Lake City, State: UT, Zip Code: 84111
Purpose of Expenditure: Van Rental for canvassing deployment 11/5-11/6
Category/Type: 002
Date of Public Distribution/Dissemination: 11/05/2016
Amount: 5000.00
Transaction ID: SE.6856
Date of Disbursement or Obligation: 11/05/2016

Name of Federal Candidate: LOVE, MIA, ,
Support: [X] Oppose: []
Office Sought: House [X] Senate [] President []
District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought: 40158.37
Disbursement For: Primary [] General [X] Other (specify) []

Full Name of Payee: Enterprise Rent a Car
Mailing Address: 843 State Street
City: Salt Lake City, State: UT, Zip Code: 84111
Purpose of Expenditure: Van Rental for canvassing deployment 11/5-11/6
Category/Type: 002
Date of Public Distribution/Dissemination: 11/05/2016
Amount: 5000.00
Transaction ID: SE.6858
Date of Disbursement or Obligation: 11/05/2016

Name of Federal Candidate: LEE, MIKE, ,
Support: [X] Oppose: []
Office Sought: House [] Senate [X] President []
District: State: UT
Calendar Year-To-Date Per Election for Office Sought: 28052.70
Disbursement For: Primary [] General [X] Other (specify) []

(a) SUBTOTAL of Itemized Independent Expenditures: 10000.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

Buchanan, Emily, ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Facebook, Inc.
Mailing Address: 1 Hacker Way
City: Menlo Park, State: CA, Zip Code: 94025
Purpose of Expenditure: Lodging for canvassers
Category/Type: 002
Date of Public Distribution/Dissemination: 10/23/2016
Amount: 268.25
Transaction ID: SE.6655
Date of Disbursement or Obligation: 10/23/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support/ Oppose
Office Sought: Senate, State: OH
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 50730.24

Full Name of Payee: Fairfield Inn
Mailing Address: 5285 Broadmoor Cir NW
City: Canton, State: OH, Zip Code: 44709
Purpose of Expenditure: Lodging for canvassers
Category/Type: 002
Date of Public Distribution/Dissemination: 10/22/2016
Amount: 536.50
Transaction ID: SE.6644
Date of Disbursement or Obligation: 10/22/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support/ Oppose
Office Sought: President
Disbursement For: General 2016
Calendar Year-To-Date Per Election for Office Sought: 251797.32

(a) SUBTOTAL of Itemized Independent Expenditures: 804.75
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Fairfield Inn	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 22 / 2016 </div>						
Mailing Address 5285 Broadmoor Cir NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">536.50</div> Transaction ID : SE.6647 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 22 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Canton</td> <td>OH</td> <td>44709</td> </tr> </table>		City	State	Zip Code	Canton	OH	44709
City		State	Zip Code				
Canton	OH	44709					
Purpose of Expenditure Lodging for canvassers 10/22-10/23							

Name of Federal Candidate: STRICKLAND, TED, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">50094.53</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Fairfield Inn	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 23 / 2016 </div>						
Mailing Address 5285 Broadmoor Cir NW	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">268.25</div> Transaction ID : SE.6653 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 10 / 23 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Canton</td> <td>OH</td> <td>44709</td> </tr> </table>		City	State	Zip Code	Canton	OH	44709
City		State	Zip Code				
Canton	OH	44709					
Purpose of Expenditure Lodging for canvassers							

Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right;">252433.03</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">804.75</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 / /
 05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 421 Fayetteville St #1020		Amount <input type="text"/>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6664
Purpose of Expenditure Payroll for canvassers		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions		Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 421 Fayetteville St #1020		Amount <input type="text"/>	
City Raleigh	State NC	Zip Code 27601	Transaction ID : SE.6666
Purpose of Expenditure Payroll for Canvassers		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: MURPHY, PATRICK E, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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Buchanan, Emily, , ,

[Electronically Filed]

Date

/ /

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2500.00 </div>		
City Raleigh	State NC	Zip Code 27601			
Purpose of Expenditure Mileage for canvassers		Category/Type 002	Transaction ID : SE.6668 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought 265116.76			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 2500.00 </div>		
City Raleigh	State NC	Zip Code 27601			
Purpose of Expenditure Mileage for canvassers		Category/Type 002	Transaction ID : SE.6670 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK E, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 55696.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">5000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination / / 10 / 27 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11671.50 </div> Transaction ID : SE.6787 Date of Disbursement or Obligation / / 11 / 15 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Payroll for canvassers 10/27-11/8 NC, had reported estimate of 28832.50	Category/Type 001						
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____						
Calendar Year-To-Date Per Election for Office Sought 310514.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination / / 10 / 27 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11671.50 </div> Transaction ID : SE.6789 Date of Disbursement or Obligation / / 11 / 15 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City</td> <td style="width:20%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Payroll for canvassers 10/27-11/8 NC, had reported estimate of 28832.50	Category/Type 001						
Name of Federal Candidate: <input type="checkbox"/> Support ROSS, DEBORAH K, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC						
Calendar Year-To-Date Per Election for Office Sought 75800.94	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23343.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23343.00 </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date / /
 05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Mileage for canvassers 10/27-11/8 NC, had reported estimate of 5690.63
Category/Type: 002
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate, State: []
Calendar Year-To-Date Per Election for Office Sought: 313046.17
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Mileage for canvassers 10/27-11/8 NC, had reported estimate of 5690.63
Category/Type: 002
Name of Federal Candidate: ROSS, DEBORAH K, , , Support: [], Oppose: [x]
Office Sought: [] President, [x] Senate, State: NC
Calendar Year-To-Date Per Election for Office Sought: 78332.95
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 5064.03
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 27 / 2016 </div>						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 40804.88 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Payroll for canvassers 10/27-11/8 FL, has reported estimate of 52443.75	Category/Type 001						
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 353851.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 26 / 2016 </div>						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 40804.88 </div>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:34%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Payroll for canvassers 10/27-11/8 FL, has reported estimate of 52443.75	Category/Type 001						
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought 97477.03	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 81609.76 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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Buchanan, Emily, , ,

[Electronically Filed]

Date

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

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2119.84 </div> Transaction ID : SE.6801 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 15 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Mileage for canvassers 10/27-11/8 FL, had reported estimate of 5690.03							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 355970.89 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 27 / 2016 </div>						
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 2119.84 </div> Transaction ID : SE.6803 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 11 / 15 / 2016 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Actual Mileage for canvassers 10/27-11/8 FL, had reported estimate of 5690.03							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose MURPHY, PATRICK E, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 99596.87 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 4239.68 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> _____ </div>

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Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 27 / 2016 </div>			
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 15774.12 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Raleigh</td> <td style="width:17%; padding: 2px;">State NC</td> <td style="width:50%; padding: 2px;">Zip Code 27601</td> </tr> </table>		City Raleigh	State NC	Zip Code 27601
City Raleigh		State NC	Zip Code 27601	
Purpose of Expenditure Actual Payroll for canvassers 10/27-11/8 OH, had reported estimate of 17299.50				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 371745.01 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10 / 27 / 2016 </div>			
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 15744.11 </div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Raleigh</td> <td style="width:17%; padding: 2px;">State NC</td> <td style="width:50%; padding: 2px;">Zip Code 27601</td> </tr> </table>		City Raleigh	State NC	Zip Code 27601
City Raleigh		State NC	Zip Code 27601	
Purpose of Expenditure Actual Payroll for canvassers 10/27-11/8 OH, had reported estimate of 17299.50				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>OH</u>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 74408.08 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 31518.23 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination 10 / 27 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount 698.65 Transaction ID : SE.6811 Date of Disbursement or Obligation 11 / 15 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure actual Mileage for canvassers 10/27-11/8 OH, had reported estimate of 2000.00							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought 372443.66	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination 10 / 27 / 2016						
Mailing Address 421 Fayetteville St #1020	Amount 2000.00 Transaction ID : SE.6813 Date of Disbursement or Obligation 11 / 15 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Raleigh</td> <td>NC</td> <td>27601</td> </tr> </table>		City	State	Zip Code	Raleigh	NC	27601
City		State	Zip Code				
Raleigh	NC	27601					
Purpose of Expenditure Mileage estimate for canvassers 10/27-11/8 OH							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH						
Calendar Year-To-Date Per Election for Office Sought 76408.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	2698.65
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
---	--

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>			
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12955.27</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Raleigh</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NC</td> <td style="padding: 2px;">Zip Code 27601</td> </tr> </table>		City Raleigh	State NC	Zip Code 27601
City Raleigh		State NC	Zip Code 27601	
Purpose of Expenditure Actual Canvasser Payroll for 10/27-11/8 MO, had reported estimate of 17469.75				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 385398.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>			
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">12955.58</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Raleigh</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State NC</td> <td style="padding: 2px;">Zip Code 27601</td> </tr> </table>		City Raleigh	State NC	Zip Code 27601
City Raleigh		State NC	Zip Code 27601	
Purpose of Expenditure Actual Canvasser Payroll for 10/27-11/8 MO, had reported estimate of 17469.75				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose KANDER, JASON, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: MO			
Calendar Year-To-Date Per Election for Office Sought 84299.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">25910.85</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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

05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Canvasser Mileage for 10/27-11/8 MO, had reported estimate of 1763.13
Category/Type: 002
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , , Support: [], Oppose: [x]
Office Sought: [x] President, [] House, [] Senate, District: [], State: []
Calendar Year-To-Date Per Election for Office Sought: 386977.91
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Canvasser Mileage for 10/27-11/8 MO, had reported estimate of 1763.13
Category/Type: 002
Name of Federal Candidate: KANDER, JASON, , , Support: [], Oppose: [x]
Office Sought: [] President, [x] Senate, District: [], State: MO
Calendar Year-To-Date Per Election for Office Sought: 85878.91
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 3157.96
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, , ,

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Date

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Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">994.60</div>
City Raleigh State NC Zip Code 27601	Transaction ID : SE.6825 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 15 / 2016</div>
Purpose of Expenditure Actual Canvasser Payroll for 10/27-11/8 UT, had reported estimate of 2276.25	Category/Type 001
Name of Federal Candidate: LOVE, MIA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought 52402.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Headway Workforce Solutions	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 27 / 2016</div>
Mailing Address 421 Fayetteville St #1020	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">994.60</div>
City Raleigh State NC Zip Code 27601	Transaction ID : SE.6827 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 15 / 2016</div>
Purpose of Expenditure Actual Canvasser Payroll for 10/27-11/8 UT, had reported estimate of 2276.25	Category/Type 001
Name of Federal Candidate: LEE, MIKE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought 53397.57	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1989.20</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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

05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Canvasser mileage for 10/27-11/8 UT, had reported estimate of 758.75
Category/Type: 002
Name of Federal Candidate: LOVE, MIA, Support
Office Sought: House, District: 04, State: UT
Calendar Year-To-Date Per Election for Office Sought: 53614.16
Disbursement For: General 2016

Full Name of Payee: Headway Workforce Solutions
Mailing Address: 421 Fayetteville St #1020
City: Raleigh, State: NC, Zip Code: 27601
Purpose of Expenditure: Actual Canvasser mileage for 10/27-11/8 UT, had reported estimate of 758.75
Category/Type: 002
Name of Federal Candidate: LEE, MIKE, Support
Office Sought: House, District: 04, State: UT
Calendar Year-To-Date Per Election for Office Sought: 53830.75
Disbursement For: General 2016

(a) SUBTOTAL of Itemized Independent Expenditures: 433.18
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Hyatt House Sandy	Date of Public Distribution/Dissemination 11 / 05 / 2016			
Mailing Address 9685 S Monroe St	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">8750.00</div> Transaction ID : SE.6853 Date of Disbursement or Obligation 11 / 05 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Sandy</td> <td style="width:33%; padding: 2px;">State UT</td> <td style="width:33%; padding: 2px;">Zip Code 84070</td> </tr> </table>		City Sandy	State UT	Zip Code 84070
City Sandy		State UT	Zip Code 84070	
Purpose of Expenditure Lodging for canvassing deployment 11/5-11/6				
Name of Federal Candidate: LEE, MIKE, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Hyatt Place Blue Ash	Date of Public Distribution/Dissemination 10 / 29 / 2016			
Mailing Address 11435 Reed Hartman Hwy	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3000.00</div> Transaction ID : SE.6773 Date of Disbursement or Obligation 10 / 29 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Blue Ash</td> <td style="width:33%; padding: 2px;">State OH</td> <td style="width:33%; padding: 2px;">Zip Code 45241</td> </tr> </table>		City Blue Ash	State OH	Zip Code 45241
City Blue Ash		State OH	Zip Code 45241	
Purpose of Expenditure Lodging for canvasser deployment				
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">11750.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Hyatt Place Blue Ash
Mailing Address: 11435 Reed Hartman Hwy
City: Blue Ash, State: OH, Zip Code: 45241
Purpose of Expenditure: lodging for canvasser deployment
Category/Type: 002
Date of Public Distribution/Dissemination: 10/29/2016
Amount: 3000.00
Transaction ID: SE.6776
Date of Disbursement or Obligation: 10/29/2016

Name of Federal Candidate: STRICKLAND, TED, ,
Support: [], Oppose: [x]
Office Sought: [] President, [x] Senate, State: OH
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

Full Name of Payee: Hyatt Place Blue Ash
Mailing Address: 11435 Reed Hartman Hwy
City: Blue Ash, State: OH, Zip Code: 45241
Purpose of Expenditure: Lodgng for canvassing deployment 11/5-11/6
Category/Type: 002
Date of Public Distribution/Dissemination: 11/05/2016
Amount: 8750.00
Transaction ID: SE.6849
Date of Disbursement or Obligation: 11/05/2016

Name of Federal Candidate: LOVE, MIA, ,
Support: [x], Oppose: []
Office Sought: [x] House, [] President, [] Senate, District: 04, State: UT
Disbursement For: [] Primary, [x] General 2016, [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures: 11750.00
(a) SUBTOTAL of Unitemized Independent Expenditures:
(a) 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.

Buchanan, Emily, ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Orbitz	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
Mailing Address 500 W. Madison St Suite 1000	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 3750.00 </div> Transaction ID : SE.6864 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
City Chicago State IL Zip Code 60661	
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6 Category/Type 002	
Name of Federal Candidate: LOVE, MIA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT
Calendar Year-To-Date Per Election for Office Sought 47658.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item Orbitz	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
Mailing Address 500 W. Madison St Suite 1000	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 3750.00 </div> Transaction ID : SE.6867 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 05 / 2016
City Chicago State IL Zip Code 60661	
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6 Category/Type 002	
Name of Federal Candidate: LEE, MIKE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: UT
Calendar Year-To-Date Per Election for Office Sought 35552.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">7500.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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Buchanan, Emily, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Priceline.com	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2016 </div>			
Mailing Address 800 Conneticut Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / 3750.00 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Norwalk</td> <td style="width:17%;">State CT</td> <td style="width:50%;">Zip Code 06854</td> </tr> </table>		City Norwalk	State CT	Zip Code 06854
City Norwalk		State CT	Zip Code 06854	
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose LOVE, MIA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>04</u> State: <u>UT</u>			
Calendar Year-To-Date Per Election for Office Sought / / 43908.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <input type="checkbox"/> Memo Item Priceline.com	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 11 / 05 / 2016 </div>			
Mailing Address 800 Conneticut Ave	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / 3750.00 </div>			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Norwalk</td> <td style="width:17%;">State CT</td> <td style="width:50%;">Zip Code 06854</td> </tr> </table>		City Norwalk	State CT	Zip Code 06854
City Norwalk		State CT	Zip Code 06854	
Purpose of Expenditure Flights for canvassing deployment 11/5-11/6				
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose LEE, MIKE, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>UT</u>			
Calendar Year-To-Date Per Election for Office Sought / / 31802.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / 7500.00 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> / / _____ </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

 / /
 05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
---	--

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company	Date of Public Distribution/Dissemination 11 / 01 / 2016			
Mailing Address 2800 Shirlington Rd	Amount 25000.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Arlington</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22206</td> </tr> </table>		City Arlington	State VA	Zip Code 22206
City Arlington		State VA	Zip Code 22206	
Purpose of Expenditure Voter Mail- MO Category/Type 004				
Name of Federal Candidate: <input type="checkbox"/> Support CLINTON, HILLARY RODHAM, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____			
Calendar Year-To-Date Per Election for Office Sought 294616.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company	Date of Public Distribution/Dissemination 11 / 01 / 2016			
Mailing Address 2800 Shirlington Rd	Amount 25000.00			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City Arlington</td> <td style="width:17%; border-bottom: 1px solid black;">State VA</td> <td style="width:50%; border-bottom: 1px solid black;">Zip Code 22206</td> </tr> </table>		City Arlington	State VA	Zip Code 22206
City Arlington		State VA	Zip Code 22206	
Purpose of Expenditure Voter Mail- MO Category/Type 004				
Name of Federal Candidate: <input type="checkbox"/> Support KANDER, JASON, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO			
Calendar Year-To-Date Per Election for Office Sought 70368.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	50000.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination 10 / 22 / 2016
Mailing Address 1534 Sunset Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">367.46</div>
City State Zip Code Steubenville OH 43952	
Purpose of Expenditure Van rental for canvassers	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought 252164.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination 10 / 22 / 2016
Mailing Address 1534 Sunset Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">367.46</div>
City State Zip Code Steubenville OH 43952	
Purpose of Expenditure Van rental for canvassers	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH
Calendar Year-To-Date Per Election for Office Sought 50461.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">734.92</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination 10 / 23 / 2016			
Mailing Address 1534 Sunset Blvd	Amount 183.73 Transaction ID : SE.6657 Date of Disbursement or Obligation 10 / 23 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Steubenville</td> <td style="width:17%; padding: 2px;">State OH</td> <td style="width:50%; padding: 2px;">Zip Code 43952</td> </tr> </table>		City Steubenville	State OH	Zip Code 43952
City Steubenville		State OH	Zip Code 43952	
Purpose of Expenditure Van rental for canvassers				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 252616.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination 10 / 23 / 2016			
Mailing Address 1534 Sunset Blvd	Amount 183.73 Transaction ID : SE.6659 Date of Disbursement or Obligation 10 / 23 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Steubenville</td> <td style="width:17%; padding: 2px;">State OH</td> <td style="width:50%; padding: 2px;">Zip Code 43952</td> </tr> </table>		City Steubenville	State OH	Zip Code 43952
City Steubenville		State OH	Zip Code 43952	
Purpose of Expenditure Van rental for canvassers				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH			
Calendar Year-To-Date Per Election for Office Sought 50913.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	367.46
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00530766 </div>
---	---

Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination 10 / 29 / 2016			
Mailing Address 1534 Sunset Blvd	Amount 1500.00 Transaction ID : SE.6766 Date of Disbursement or Obligation 10 / 29 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Steubenville</td> <td style="width:17%; padding: 2px;">State OH</td> <td style="width:50%; padding: 2px;">Zip Code 43952</td> </tr> </table>		City Steubenville	State OH	Zip Code 43952
City Steubenville		State OH	Zip Code 43952	
Purpose of Expenditure Van rental for Canvasser deployment				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 266616.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination 10 / 29 / 2016			
Mailing Address 1534 Sunset Blvd	Amount 1500.00 Transaction ID : SE.6768 Date of Disbursement or Obligation 10 / 29 / 2016			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Steubenville</td> <td style="width:17%; padding: 2px;">State OH</td> <td style="width:50%; padding: 2px;">Zip Code 43952</td> </tr> </table>		City Steubenville	State OH	Zip Code 43952
City Steubenville		State OH	Zip Code 43952	
Purpose of Expenditure Van Rental for Canvasser deployment				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH			
Calendar Year-To-Date Per Election for Office Sought 52413.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	3000.00
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	
(a) 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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>			
Mailing Address 1534 Sunset Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1500.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Steubenville</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State OH</td> <td style="padding: 2px;">Zip Code 43952</td> </tr> </table>		City Steubenville	State OH	Zip Code 43952
City Steubenville		State OH	Zip Code 43952	
Purpose of Expenditure Van Rental for canvassing deployment 11/5-11/6				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose CLINTON, HILLARY RODHAM, , ,	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought 298842.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Thrifty Car Rental	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 05 / 2016</div>			
Mailing Address 1534 Sunset Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1500.00</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 2px;">City Steubenville</td> <td style="width:17%; border-right: 1px solid black; padding: 2px;">State OH</td> <td style="padding: 2px;">Zip Code 43952</td> </tr> </table>		City Steubenville	State OH	Zip Code 43952
City Steubenville		State OH	Zip Code 43952	
Purpose of Expenditure Van Rental for canvassing deployment 11/5-11/6				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose STRICKLAND, TED, , ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: OH			
Calendar Year-To-Date Per Election for Office Sought 58663.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">3000.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

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

05 / 17 / 2017

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee WestFax, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9200 E. Mineral Ave Suite 725	Amount <input type="text"/> 750.00
City Centennial State OH Zip Code 80112	
Purpose of Expenditure Robocalls	Transaction ID : SE.6834
Name of Federal Candidate: LOVE, MIA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>04</u> State: <u>UT</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 26408.37	

Full Name of Payee WestFax, Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 9200 E. Mineral Ave Suite 725	Amount <input type="text"/> 975.89
City Centennial State OH Zip Code 80112	
Purpose of Expenditure Robocalls, originally reported as \$1250, this is actual	Transaction ID : SE.6838
Name of Federal Candidate: KANDER, JASON, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>MO</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 71344.35	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 1725.89
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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.

Buchanan, Emily, , ,

[Electronically Filed]

Date

/ /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee WestFax, Inc.
Mailing Address 9200 E. Mineral Ave Suite 725
City Centennial State OH Zip Code 80112
Purpose of Expenditure Robocalls, originally reported as \$2500, this is actual
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 2225.89
Transaction ID: SE.6841
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: ROSS, DEBORAH K, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 64129.44

Full Name of Payee WestFax, Inc.
Mailing Address 9200 E. Mineral Ave Suite 725
City Centennial State OH Zip Code 80112
Purpose of Expenditure Robocalls, originally reported as \$1250, this is actual
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 975.89
Transaction ID: SE.6844
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,
Support Oppose
Office Sought: President Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 295592.65

(a) SUBTOTAL of Itemized Independent Expenditures 3201.78
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Buchanan, Emily, , [Electronically Filed] Date 05/17/2017
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC
FEC IDENTIFICATION NUMBER
C C00530766

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee WestFax, Inc.
Mailing Address 9200 E. Mineral Ave Suite 725
City Centennial State OH Zip Code 80112
Purpose of Expenditure Robocalls, originally reported as \$1250, this is actual
Category/Type 004
Date of Public Distribution/Dissemination 11/05/2016
Amount 975.89
Transaction ID: SE.6846
Date of Disbursement or Obligation 11/05/2016

Name of Federal Candidate: MURPHY, PATRICK E, ,
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought 56672.15

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House Senate
Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. Rows include (a) SUBTOTAL of Itemized Independent Expenditures (975.89), (a) SUBTOTAL of Unitemized Independent Expenditures, and (a) TOTAL Independent Expenditures (334209.98).

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.

Buchanan, Emily, ,

[Electronically Filed]

Date

05/17/2017

Signature