

**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 M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2119.84</div>		
City Raleigh	State NC	Zip Code 27601			
Purpose of Expenditure Actual Mileage for canvassers 10/27-11/8 FL, had reported estimate of 5690.03		Category/Type 002	Transaction ID : SE.6801 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 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 355970.89			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 / 27 / 2016		
Mailing Address 421 Fayetteville St #1020			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2119.84</div>		
City Raleigh	State NC	Zip Code 27601			
Purpose of Expenditure Actual Mileage for canvassers 10/27-11/8 FL, had reported estimate of 5690.03		Category/Type 002	Transaction ID : SE.6803 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 15 / 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 99596.87			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>

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