

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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5. COVERING PERIOD:

FROM

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

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
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6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	15326.26

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Gail Kitch	<i>Gail Kitch</i>	07/08/2016

[Electronically Filed]

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
WOMEN'S VOICES WOMEN VOTE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee Mission Control, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016	
Mailing Address 624 Hebron Ave Bldg 3 Suite 200		Amount 8210.86	
City Glastonbury	State CT	Zip Code 06033	Transaction ID : F57.4142
Purpose of Expenditure Printing and Production of letter	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 14771.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Political Data Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016	
Mailing Address 12501 Imperial Hwy, 200		Amount 554.40	
City Norwalk	State CA	Zip Code 90650	Transaction ID : F57.4143
Purpose of Expenditure CA voter file matching	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15326.26		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Quad Graphics		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 08 / 2016	
Mailing Address 4371 County Line Rd		Amount 6561.00	
City Chalfont	State PA	Zip Code 18914	Transaction ID : F57.4144
Purpose of Expenditure Outbound Postage	Category/Type 004	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: DONALD J. TRUMP		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6561.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15326.26
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	15326.26