

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.

WOMEN VOTE!

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day Primary (12P) General (12G) Runoff (12R)
- PRE-Election Report for the: Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)
- Report for the:

Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer [Electronically Filed] Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

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="2014"/>	<input type="text" value="393008.56"/>	<input type="text" value="393008.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1664690.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1185089.17"/>	<input type="text" value="7989579.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2849779.71"/>	<input type="text" value="8382588.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2399272.00"/>	<input type="text" value="7932080.60"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="450507.71"/>	<input type="text" value="450507.71"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="50791.95"/>	

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 VOTE!

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

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).....	849827.00	6205647.00
(ii) Unitemized	1224.00	88581.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	851051.00	6294228.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	34038.17	1094020.17
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	885089.17	7388248.78
12. Transfers From Affiliated/Other Party Committees.....	300000.00	600000.00
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	500.00
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	830.97
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))..... ▶	1185089.17	7989579.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1185089.17	7989579.75

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	101330.45	1095842.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	101330.45	1095842.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	1122941.55	5601238.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	1175000.00	1225000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2399272.00	7932080.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2399272.00	7932080.60

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)	885089.17	7388248.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	885089.17	7388248.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	101330.45	1095842.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	101330.45	1095342.10

**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 32
	<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 VOTE!

A. Robert Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 5843 Vallejo Street

City Emeryville State CA Zip Code 94608

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

Name of Employer Perforce Software, Inc. Occupation Systems Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2014
Transaction ID : 4184473

Amount of Each Receipt this Period
 5000.00

B. Robert Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 5843 Vallejo Street

City Emeryville State CA Zip Code 94608

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

Name of Employer Perforce Software, Inc. Occupation Systems Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 13 / 2014
Transaction ID : 4184474

Amount of Each Receipt this Period
 5000.00

C. Marta Bach
Full Name (Last, First, Middle Initial)

Mailing Address 11 High Street

City Marblehead State MA Zip Code 01945

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2014
Transaction ID : 4186149

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 11000.00

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 7 OF 32
	<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 VOTE!

A. Emily Baker
Full Name (Last, First, Middle Initial)

Mailing Address 4531 28th Street, N.W.

City Washington State DC Zip Code 20008

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2014
Transaction ID : 4167103

Amount of Each Receipt this Period
 1000.00

B. Toby Berger
Full Name (Last, First, Middle Initial)

Mailing Address 810 Gilliams Mountain Ct.

City Charlottesville State VA Zip Code 22903

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

Name of Employer University Of Virginia Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2014
Transaction ID : 4176820

Amount of Each Receipt this Period
 612.00

C. Paul Bernon
Full Name (Last, First, Middle Initial)

Mailing Address 1 Washington Street

City Wellesly State MA Zip Code 02481

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

Name of Employer Rubicon Real Estate Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : 4173041

Amount of Each Receipt this Period
 27500.00

SUBTOTAL of Receipts This Page (optional).....▶	29112.00
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 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Paul Bernon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Washington Street
 City Wellesly State MA Zip Code 02481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rubicon Real Estate Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 55000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : 4173042
 Amount of Each Receipt this Period
 27500.00

B. Sharon Burde
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 Bayport Way
 City Longboat Key State FL Zip Code 34228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: 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
 10 / 09 / 2014
Transaction ID : 4179181
 Amount of Each Receipt this Period
 500.00

C. Zeld Conklin
 Full Name (Last, First, Middle Initial)
 Mailing Address 505 Spangler St. NW
 City Orting State WA Zip Code 98360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4190470
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	28300.00
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 32
	<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 VOTE!

A. Doralene Davis
Full Name (Last, First, Middle Initial)
Mailing Address 1680 Beaver Hollow Road
City Norristown State PA Zip Code 19403
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
10 / 08 / 2014
Transaction ID : 4176894
Amount of Each Receipt this Period
365.00

B. Mary Delaney
Full Name (Last, First, Middle Initial)
Mailing Address 436 14th Street, Suite 1417
City Oakland State CA Zip Code 94612
FEC ID number of contributing federal political committee. **C**
Name of Employer Akonadi Foundation Occupation foundation executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400000.00

Date of Receipt
10 / 10 / 2014
Transaction ID : 4180185
Amount of Each Receipt this Period
100000.00

C. Sally Dieterich
Full Name (Last, First, Middle Initial)
Mailing Address 720 S 10th St
City Laramie State WY Zip Code 82070
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 15 / 2014
Transaction ID : 4190987
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 100615.00
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 10 OF 32
	<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 VOTE!

Full Name (Last, First, Middle Initial) A. Marjorie Elder		Date of Receipt
Mailing Address 1181 Cork Rd		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Victor State NY Zip Code 14564		Transaction ID : 4176927
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer None Occupation None		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Dorothy Finell		Date of Receipt
Mailing Address 225 Crossroads Blvd. Box 234		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Carmel-by-the-sea State CA Zip Code 93923		Transaction ID : 4167104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer REQUESTED Occupation REQUESTED		<input type="text" value="1200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1200.00"/>

Full Name (Last, First, Middle Initial) C. Dan Fireman		Date of Receipt
Mailing Address 27 Appian Drive		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City Wellesley State MA Zip Code 02481		Transaction ID : 4167105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Fireman Capital Partners Occupation Managing Partner		<input type="text" value="150000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="150000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="151700.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 32
	<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 VOTE!

Full Name (Last, First, Middle Initial) A. Shanti Fry		Date of Receipt
Mailing Address 8 Berkeley Street		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cambridge	MA	02138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4167106
Name of Employer	Occupation	Amount of Each Receipt this Period
none	none	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Jeanne Guillemín		Date of Receipt
Mailing Address 19 Chauncy St		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cambridge	MA	02138
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4169932
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Author	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Nancy Hamilton		Date of Receipt
Mailing Address 525 S Burdick St Apt 3804		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kalamazoo	MI	49007
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4174524
Name of Employer	Occupation	Amount of Each Receipt this Period
None	Retired	<input type="text" value="10000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="10000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="17000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 32
	<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 VOTE!

Full Name (Last, First, Middle Initial) A. Joseph Kaempfer		Date of Receipt
Mailing Address 6400 Georgetown Pike		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
McLean	VA	22101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4180451
Name of Employer	Occupation	Amount of Each Receipt this Period
The Kaempfer Company	President, CEO	<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Gerald Karl		Date of Receipt
Mailing Address 9809 W Wescott Dr		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City	State	Zip Code
Peoria	AZ	85382
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4185813
Name of Employer	Occupation	Amount of Each Receipt this Period
REQUESTED	REQUESTED	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Korff		Date of Receipt
Mailing Address 26 Dartmouth Street		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City	State	Zip Code
Newton	MA	02465
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4178599
Name of Employer	Occupation	Amount of Each Receipt this Period
Mark Investments Inc.	President	<input type="text" value="50000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="75150.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**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 32
	<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 VOTE!

A. Barbara Lee
Full Name (Last, First, Middle Initial)

Mailing Address 131 Mount Auburn Street, Suite 2

City Cambridge	State MA	Zip Code 02138
-------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Investor
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

Transaction ID : 4169367

Amount of Each Receipt this Period
200000.00

B. David Leiwant
Full Name (Last, First, Middle Initial)

Mailing Address 2 Baker Road

City Medfield	State MA	Zip Code 02052
------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
35000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

Transaction ID : 4173546

Amount of Each Receipt this Period
5000.00

C. James Manning
Full Name (Last, First, Middle Initial)

Mailing Address 380 West 40th Street

City Sea Island	State GA	Zip Code 31561
--------------------	-------------	-------------------

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

Name of Employer None	Occupation None
--------------------------	--------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : 4183535

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional).....▶	215000.00
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 32
	<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 VOTE!

Full Name (Last, First, Middle Initial) A. Suzanne Massey		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 1720 Maple Avenue Apt 2610		Transaction ID : 4190250
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Marie McKellar		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2014
Mailing Address P O Box 149		Transaction ID : 4176101
City Dobbs Ferry	State NY	Zip Code 10522
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15000.00	
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

Full Name (Last, First, Middle Initial) C. Laura McNeill		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Mailing Address 77 Peachtree Pl. NE Unit 509		Transaction ID : 4190468
City Atlanta	State GA	Zip Code 30309
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	16500.00
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 32
	<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 VOTE!

Full Name (Last, First, Middle Initial) A. Susan Mensch		Date of Receipt
Mailing Address 566 Parkside Court		<input type="text" value="10"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Allentown	PA	18104
FEC ID number of contributing federal political committee.		Transaction ID : 4190466
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Laurie Michaels		Date of Receipt
Mailing Address 301 Commerce Street, Suite 3300		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fort Worth	TX	76102
FEC ID number of contributing federal political committee.		Transaction ID : 4164473
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50000.00"/>
Name of Employer	Occupation	
Self-Employed	Psychologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Laurie Michaels		Date of Receipt
Mailing Address 301 Commerce Street, Suite 3300		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fort Worth	TX	76102
FEC ID number of contributing federal political committee.		Transaction ID : 4164474
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50000.00"/>
Name of Employer	Occupation	
Self-Employed	Psychologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="101500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 32
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMEN VOTE!

Full Name (Last, First, Middle Initial) A. Georgia Murray		Date of Receipt
Mailing Address 433 Shawmut Avenue		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Boston	MA	02118
FEC ID number of contributing federal political committee.		Transaction ID : 4174629
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
None	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="6000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Raquel Newman		Date of Receipt
Mailing Address 1333 Jones Street, Unit 1210		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Francisco	CA	94109
FEC ID number of contributing federal political committee.		Transaction ID : 4169933
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
None	Consultant - Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cordelia Ontiveros		Date of Receipt
Mailing Address 1450 E. North Hills Dr.		<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
La Habra	CA	90631
FEC ID number of contributing federal political committee.		Transaction ID : 4182075
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Ca State Univ	Professor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 32
	<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 VOTE!

A. Florence Palumbo-Zilka
 Full Name (Last, First, Middle Initial)
 Mailing Address 67 Cherbourg Ct.
 City Wheeling State IL Zip Code 60090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2014
Transaction ID : 4176106
 Amount of Each Receipt this Period
 500.00

B. Maureen Parkinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6573 Marissa Loop #904
 City Naples State FL Zip Code 34108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer None Occupation None
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 09 / 2014
Transaction ID : 4179303
 Amount of Each Receipt this Period
 2500.00

C. Roxanne Quimby
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Bear Trail
 City Gouldsboro State ME Zip Code 04607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Quimby Family Foundation Occupation Volunteer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4188184
 Amount of Each Receipt this Period
 10000.00

SUBTOTAL of Receipts This Page (optional).....▶	13000.00
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 32
	<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 VOTE!

Full Name (Last, First, Middle Initial) A. Joseph Ryan		Date of Receipt
Mailing Address 628 West Ferry		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Buffalo	State NY	Zip Code 14222
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4178376
Name of Employer REQUESTED		Amount of Each Receipt this Period
Occupation REQUESTED		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

Full Name (Last, First, Middle Initial) B. Patricia Shure		Date of Receipt
Mailing Address 1127 Brooks Street		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Ann Arbor	State MI	Zip Code 48103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4185041
Name of Employer None		Amount of Each Receipt this Period
Occupation None		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Cindy Smith		Date of Receipt
Mailing Address 1720 Maple Avnue #2610		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Evanston	State IL	Zip Code 60201
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4186150
Name of Employer None		Amount of Each Receipt this Period
Occupation Retired		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 19 OF 32
	<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 VOTE!

A. Mary Ann Stein
Full Name (Last, First, Middle Initial)

Mailing Address 5643 Bent Branch Rd

City Bethesda State MD Zip Code 20816

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

Name of Employer Moriah Fund Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : 4178554

Amount of Each Receipt this Period
5000.00

B. Bayard Storey
Full Name (Last, First, Middle Initial)

Mailing Address 1919 Brandywine Street

City Philadelphia State PA Zip Code 19130

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : 4180184

Amount of Each Receipt this Period
2000.00

C. Lynn Straus
Full Name (Last, First, Middle Initial)

Mailing Address 1037 Constable Dr.

City Mamaroneck State NY Zip Code 10543

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

Name of Employer None Occupation None

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : 4185762

Amount of Each Receipt this Period
10000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 17000.00

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 32
	<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 VOTE!

A. Jean Trine
Full Name (Last, First, Middle Initial)

Mailing Address 4825 Tokay Blvd

City Madison State WI Zip Code 53711

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

Name of Employer None Occupation Retired

Receipt For:
 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
 10 / 15 / 2014

Transaction ID : 4190467

Amount of Each Receipt this Period
 500.00

B. Norman Waitt
Full Name (Last, First, Middle Initial)

Mailing Address 1125 S 103rd St Suite 425

City Omaha State NE Zip Code 68124

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

Name of Employer None Occupation Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 70500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : 4188186

Amount of Each Receipt this Period
 10000.00

C. Norman Waitt
Full Name (Last, First, Middle Initial)

Mailing Address 1125 S 103rd St Suite 425

City Omaha State NE Zip Code 68124

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

Name of Employer None Occupation Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 70500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014

Transaction ID : 4188187

Amount of Each Receipt this Period
 15000.00

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: PAGE 21 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMEN VOTE!

Full Name (Last, First, Middle Initial)
A. Norman Waitt

Mailing Address 1125 S 103rd St Suite 425

City State Zip Code
Omaha NE 68124

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

Name of Employer Occupation
None Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4188188

Amount of Each Receipt this Period
 30000.00

Full Name (Last, First, Middle Initial)
B. Norman Waitt

Mailing Address 1125 S 103rd St Suite 425

City State Zip Code
Omaha NE 68124

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

Name of Employer Occupation
None Self Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4188189

Amount of Each Receipt this Period
 15000.00

Full Name (Last, First, Middle Initial)
C. Kalik and Associates Inc

Mailing Address 10291 Arizona Circle

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4188180

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	45100.00
TOTAL This Period (last page this line number only).....▶	849827.00

**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 32
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 VOTE!

A. Int'l Union of Operating Engineers Political Education Cmmttee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1125 17TH ST, NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 25000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 15 / 2014
Transaction ID : 4188185
 Amount of Each Receipt this Period
 25000.00

B. House Majority PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 Thomas Jefferson Street NW
 Ste 180G
 City Washington State DC Zip Code 20007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 44020.17

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 08 / 2014
Transaction ID : 4189189
 Amount of Each Receipt this Period
 9038.17

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	34038.17
TOTAL This Period (last page this line number only).....▶	34038.17

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

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

FOR LINE NUMBER: PAGE 23 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. EMILY's List
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 M Street, NW
 Ste 375N
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014
Transaction ID : 5189189
 Amount of Each Receipt this Period
 300000.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	300000.00
TOTAL This Period (last page this line number only).....▶	300000.00

**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"/> 24	<input type="checkbox"/> 25	<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 VOTE!

Full Name (Last, First, Middle Initial)

A. Authorize.net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SB21B-583

Amount of Each Disbursement this Period

83.00

Full Name (Last, First, Middle Initial)

B. First Data Merchant Services

Mailing Address PO Box 6010

City Hagerstown State MD Zip Code 21741

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SB21B-586

Amount of Each Disbursement this Period

1560.36

Full Name (Last, First, Middle Initial)

C. Blackbaud Merchant Services

Mailing Address 2000 Daniel Island Drive

City Charleston State SC Zip Code 29492

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 07 / 2014

Transaction ID : SB21B-584

Amount of Each Disbursement this Period

262.66

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

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

1906.02

**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"/> 24	<input type="checkbox"/> 25	<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 VOTE!

Full Name (Last, First, Middle Initial)

A. The House Majority PAC

Mailing Address 1025 Thomas Jefferson Street, NW
Ste 180G

City Washington State DC Zip Code 20007

Purpose of Disbursement
In-Kind Polling

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB21B-581

Amount of Each Disbursement this Period

9038.17

Full Name (Last, First, Middle Initial)

B. America Votes

Mailing Address 1155 Connecticut Ave NW
Ste 600

City Washington State DC Zip Code 20036

Purpose of Disbursement
Publication & Dues

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : SB21B-568

Amount of Each Disbursement this Period

25000.00

Full Name (Last, First, Middle Initial)

C. Hart Research Associates

Mailing Address 1724 Connecticut Ave, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2014

Transaction ID : SB21B-569

Amount of Each Disbursement this Period

32000.00

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

66038.17

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"/> 24	<input type="checkbox"/> 25	<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 VOTE!

Full Name (Last, First, Middle Initial)

A. Project New America

Mailing Address 191 University Blvd #831

City State Zip Code
Denver CO 80206

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 09 / 2014

Transaction ID : SB21B-570

Amount of Each Disbursement this Period

22435.35

Full Name (Last, First, Middle Initial)

B. Victoria Research

Mailing Address PO Box 5902

City State Zip Code
Takoma Park MD 20913

Purpose of Disbursement
Polling/Surveys

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 09 / 2014

Transaction ID : SB21B-571

Amount of Each Disbursement this Period

9521.49

Full Name (Last, First, Middle Initial)

C. Blackbaud Merchant Services

Mailing Address 2000 Daniel Island Drive

City State Zip Code
Charleston SC 29492

Purpose of Disbursement
Credit Card Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
10 / 14 / 2014

Transaction ID : SB21B-585

Amount of Each Disbursement this Period

1429.42

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

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

33386.26

101330.45

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Massachusetts IE PAC

Mailing Address 202 Bonham Road

City Dedham State MA Zip Code 02026

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	1	4

Transaction ID : SB29-562

Amount of Each Disbursement this Period

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. SoS for Democracy

Mailing Address 888 16th Street NW
Ste 650

City Washington State DC Zip Code 20006

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	4

Transaction ID : SB29-576

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Massachusetts IE PAC

Mailing Address 202 Bonham Road

City Dedham State MA Zip Code 02026

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	1	4

Transaction ID : SB29-575

Amount of Each Disbursement this Period

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	1	7	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	1	7	5	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 28 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Pivot Group	Nature of Debt (Purpose): NC-Sen Mailhouse
Mailing Address 1720 I St., NW Ste 550	
City State Zip Code Washington DC 20006	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD-1252	
Amount Incurred This Period <input type="text" value="50791.95"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="50791.95"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="50791.95"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="50791.95"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="50791.95"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
WOMEN VOTE!
FEC IDENTIFICATION NUMBER
C C00473918

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

Full Name of Payee: The Pivot Group
Mailing Address: 1720 I St., NW Ste 550
City: Washington State: DC Zip Code: 20006
Purpose of Expenditure: Mailhouse
Date of Public Distribution/Dissemination: 10/06/2014
Amount: 39666.60
Transaction ID: SE-6206
Date of Disbursement or Obligation: 10/09/2014
Name of Federal Candidate: Thom Tillis
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 2561501.20

Full Name of Payee: The Pivot Group
Mailing Address: 1720 I St., NW Ste 550
City: Washington State: DC Zip Code: 20006
Purpose of Expenditure: Mailhouse
Date of Public Distribution/Dissemination: 10/09/2014
Amount: 50791.95
Transaction ID: SE-6207
Date of Disbursement or Obligation: 10/09/2014
Name of Federal Candidate: Thom Tillis
Office Sought: Senate State: NC
Disbursement For: General 2014
Calendar Year-To-Date Per Election for Office Sought: 2561501.20

(a) SUBTOTAL of Itemized Independent Expenditures: 90458.55
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) 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.

Signature: Caroline Fines
[Electronically Filed]
Date: 10/15/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee The Pivot Group [MEMO ITEM]	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2014
Mailing Address 1720 I St., NW Ste 550	Amount 50791.95
City Washington State DC Zip Code 20006	Transaction ID : SE-6208 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Purpose of Expenditure Mailhouse Category/Type 	Name of Federal Candidate Thom Tillis <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC
Calendar Year-To-Date Per Election for Office Sought 2561501.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2014
Mailing Address 3050 K Street, NW Ste 100	Amount 832483.00
City Washington State DC Zip Code 20007	Transaction ID : SE-6209 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014
Purpose of Expenditure TV Buy Category/Type 	Name of Federal Candidate Thom Tillis <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NC
Calendar Year-To-Date Per Election for Office Sought 2561501.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	832483.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Caroline Fines [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Mailing Address 1730 Rhode Island Avenue, NW Ste 213	Amount 155122.35
City Washington State DC Zip Code 20036	Transaction ID : SE-6210 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
Purpose of Expenditure Radio Buy	Category/Type
Name of Federal Candidate Scott Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
200000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Mailing Address 1730 Rhode Island Avenue, NW Ste 213	Amount 40877.65
City Washington State DC Zip Code 20036	Transaction ID : SE-6211 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
Purpose of Expenditure Online Placement & Production	Category/Type
Name of Federal Candidate Scott Brown	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
200000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	196000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) 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.

Caroline Fines [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee The New Media Firm	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014
Mailing Address 1730 Rhode Island Avenue, NW Ste 213	Amount 4000.00
City State Zip Code Washington DC 20036	Transaction ID : SE-6212 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2014
Purpose of Expenditure Radio Ad Production	Category/Type []
Name of Federal Candidate Scott Brown	<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: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
200000.00	

Full Name of Payee	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address	Amount []
City State Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type []
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
[]	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	1122941.55

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.

Caroline Fines [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014

Signature _____