

# 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**  
Nixon Peabody LLP PAC

ADDRESS (number and street) 1300 Clinton Square  
Check if different than previously reported. (ACC) Rochester NY 14604

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00404178 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Signature of Treasurer MULLEN, STEPHEN, B, , [Electronically Filed] Date 07 / 27 / 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**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Nixon Peabody LLP 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="2017"/>	<input type="text" value="2191.93"/>	<input type="text" value="2191.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2191.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33478.00"/>	<input type="text" value="33478.00"/>
(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="35669.93"/>	<input type="text" value="35669.93"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23842.93"/>	<input type="text" value="23842.93"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11827.00"/>	<input type="text" value="11827.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**Nixon Peabody LLP PAC**

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).....	24113.00	24113.00
(ii) Unitemized .....	9365.00	9365.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33478.00	33478.00
(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) .....	33478.00	33478.00
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	0.00
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	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)).....▶	33478.00	33478.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33478.00	33478.00

**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 .....	1992.93	1992.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1992.93	1992.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21850.00	21850.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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)) ..	23842.93	23842.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23842.93	23842.93

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	33478.00	33478.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33478.00	33478.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1992.93	1992.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1992.93	1992.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 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"/> 15
	<input type="checkbox"/> 12	<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)  
**Nixon Peabody LLP PAC**

**A. ALCALA, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 516 N. ADAMS STREET

City HINSDALE	State IL	Zip Code 60521
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11Al.12653**

Amount of Each Receipt this Period  
230.00

Memo Item

**B. ANDERSON, DEBORAH, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 SPRUCE STREET, APT. 3

City BOSTON	State MA	Zip Code 02108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
944.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11Al.12654**

Amount of Each Receipt this Period  
944.00

Memo Item

**C. BANGHART, STEVE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 235 81ST STREET

City BURR RIDGE	State IL	Zip Code 60527
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11Al.12656**

Amount of Each Receipt this Period  
142.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1316.00
<b>TOTAL</b> 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)  
**Nixon Peabody LLP PAC**

**A. BROWN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 839 PARK AVENUE  
 City WILMETTE State IL Zip Code 60091  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12660**  
 Amount of Each Receipt this Period 304.00  
 Memo Item

**B. BURNHAM, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1003 KIEFER RIDGE DRIVE  
 City BALLWIN State MO Zip Code 63021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 338.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12662**  
 Amount of Each Receipt this Period 155.00  
 Memo Item

**C. CHARAMBA, AMELIA, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19 CENTRE STREET APT. #4  
 City CAMBRIDGE State MA Zip Code 02139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12666**  
 Amount of Each Receipt this Period 202.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	661.00
<b>TOTAL</b> 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 8 OF 32  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. CHENG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 LAUREL AVE UNIT 424  
 City SAN MATEO State AA Zip Code 94401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1122.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12667**  
 Amount of Each Receipt this Period 1122.00  
 Memo Item

**B. COGEN, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 RIVERVIEW ROAD  
 City REXFORD State NY Zip Code 12148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12669**  
 Amount of Each Receipt this Period 61.00  
 Memo Item

**C. COGEN, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 RIVERVIEW ROAD  
 City REXFORD State NY Zip Code 12148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.12751**  
 Amount of Each Receipt this Period 61.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1244.00  
**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 9 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)  
**Nixon Peabody LLP PAC**

**A. COHEN, ALLAN, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 KATHLEEN DR  
 City SYOSSET State NY Zip Code 11791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt **01 / 31 / 2017**  
**Transaction ID : SA11AI.12589**  
 Amount of Each Receipt this Period 236.00  
 Memo Item

**B. COHEN, ALLAN, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 56 KATHLEEN DR  
 City SYOSSET State NY Zip Code 11791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.00

Date of Receipt **05 / 02 / 2017**  
**Transaction ID : SA11AI.12670**  
 Amount of Each Receipt this Period 206.00  
 Memo Item

**C. COHEN, MICHAEL, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2896 BAYVIEW AVENUE  
 City WANTAGH State NY Zip Code 11793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : SA11AI.12752**  
 Amount of Each Receipt this Period 83.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> 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"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Nixon Peabody LLP PAC**

**A. COLUMBO, ELIZABETH, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 STAYMAN COURT

City MANALAPAN	State NJ	Zip Code 07726
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
219.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12674**

Amount of Each Receipt this Period  
 219.00

Memo Item

**B. CONNOLLY, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BEECH ROAD

City Weston	State MA	Zip Code 02493
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2017  
**Transaction ID : SA11AI.12591**

Amount of Each Receipt this Period  
 251.00

Memo Item

**C. CONNOLLY, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BEECH ROAD

City Weston	State MA	Zip Code 02493
----------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1039.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12675**

Amount of Each Receipt this Period  
 788.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1258.00
<b>TOTAL</b> 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 32
	<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)  
**Nixon Peabody LLP PAC**

**A. COONEY, MICHAEL, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 PARK STREET NE  
 City VIENNA State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.12754**  
 Amount of Each Receipt this Period 77.00  
 Memo Item

**B. DARWIN, AMANADA, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 KINGSWOOD ROAD  
 City AUBURNDALE State MA Zip Code 02466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12677**  
 Amount of Each Receipt this Period 216.00  
 Memo Item

**C. EGAN, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 173 BROMPTON ROAD  
 City GARDEN CITY State NY Zip Code 11530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 213.00

Date of Receipt 01 / 31 / 2017  
**Transaction ID : SA11AI.12598**  
 Amount of Each Receipt this Period 213.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	506.00
<b>TOTAL</b> 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 32
	<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)  
**Nixon Peabody LLP PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. EGAN, PETER, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2017 <b>Transaction ID : SA11AI.12679</b>
Mailing Address 173 BROMPTON ROAD		Amount of Each Receipt this Period 267.00
City GARDEN CITY	State NY	Zip Code 11530
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NIXON PEABODY	Occupation (for Individual) ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. FRIEDMAN, ELLEN, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2017 <b>Transaction ID : SA11AI.12604</b>
Mailing Address 1050 SEVEN OAKS LANE		Amount of Each Receipt this Period 206.00
City MAMARONECK	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. GOLDMAN, MICHAEL, L, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2017 <b>Transaction ID : SA11AI.12686</b>
Mailing Address 6 WHITE BRIAR		Amount of Each Receipt this Period 253.00
City PITTSFORD	State NY	Zip Code 14534
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 253.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	726.00
<b>TOTAL</b> 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 32
	<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)  
**Nixon Peabody LLP PAC**

**A. GORDON, JILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 S HEWITT ST, APT 143

City LOS ANGELES	State CA	Zip Code 90013
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2017  
**Transaction ID : SA11AI.12609**

Amount of Each Receipt this Period  
 253.00

Memo Item

**B. GORDON, JILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 S HEWITT ST, APT 143

City LOS ANGELES	State CA	Zip Code 90013
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12687**

Amount of Each Receipt this Period  
 108.00

Memo Item

**C. GORDON, JILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 S HEWITT ST, APT 143

City LOS ANGELES	State CA	Zip Code 90013
---------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
468.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : SA11AI.12757**

Amount of Each Receipt this Period  
 107.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	468.00
<b>TOTAL</b> 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"/> 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)  
**Nixon Peabody LLP PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. HAUSKNECHT, MICHAEL, A, ,**

Mailing Address 150 ELMCROFT ROAD

City ROCHESTER	State NY	Zip Code 14609
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
701.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017

**Transaction ID : SA11AI.12689**

Amount of Each Receipt this Period  
579.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. HOLMES, PAUL, , ,**

Mailing Address 22353 LINDEN DRIVE

City BARRINGTON	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
396.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 31 / 2017

**Transaction ID : SA11AI.12613**

Amount of Each Receipt this Period  
396.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HOLMES, PAUL, , ,**

Mailing Address 22353 LINDEN DRIVE

City BARRINGTON	State IL	Zip Code 60010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
555.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017

**Transaction ID : SA11AI.12690**

Amount of Each Receipt this Period  
159.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1134.00
<b>TOTAL</b> 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"/> 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)  
**Nixon Peabody LLP PAC**

**A. JACOBS, CHARLES, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 LINCOLN WOODS LANE  
 City BUFFALO State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.00

Date of Receipt **05 / 02 / 2017**  
**Transaction ID : SA11AI.12693**  
 Amount of Each Receipt this Period 97.00  
 Memo Item

**B. JACOBS, CHARLES, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 LINCOLN WOODS LANE  
 City BUFFALO State NY Zip Code 14222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 298.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : SA11AI.12759**  
 Amount of Each Receipt this Period 97.00  
 Memo Item

**C. JONES, RICHARD, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1628 BUSHNELL AVENUE  
 City SOUTH PASADENA State CA Zip Code 91030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 473.00

Date of Receipt **05 / 02 / 2017**  
**Transaction ID : SA11AI.12694**  
 Amount of Each Receipt this Period 473.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	667.00
<b>TOTAL</b> 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 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)  
**Nixon Peabody LLP PAC**

**A. KRAVITZ, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 WILLARD ROAD  
 City BROOKLINE State MA Zip Code 02445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 476.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12698**  
 Amount of Each Receipt this Period  
 476.00  
 Memo Item

**B. LEVY, SETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6330 QUEBEC DRIVE  
 City LOS ANGELES State CA Zip Code 90068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12702**  
 Amount of Each Receipt this Period  
 321.00  
 Memo Item

**C. MALESON, LINDSAY, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 ROSITA LANE  
 City PORT JEFFERSON State NY Zip Code 11777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 454.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12703**  
 Amount of Each Receipt this Period  
 454.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1251.00
<b>TOTAL</b> 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 17 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)  
**Nixon Peabody LLP PAC**

**A. MORENO, EVELYN, V, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 CATLIN ROAD

City BROOKLINE	State MA	Zip Code 02445
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11AI.12708**

Amount of Each Receipt this Period  
116.00

Memo Item

**B. NIXON PEABODY LLP**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1300 CLINTON SQUARE

City ROCHESTER	State NY	Zip Code 14604
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2017

**Transaction ID : SA11AI.12578**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. PARTIGAN, JOHN, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1803 CLOVERLAWN COURT

City MCLEAN	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
453.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

**Transaction ID : SA11AI.12629**

Amount of Each Receipt this Period  
453.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5569.00
<b>TOTAL</b> 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"/> 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)  
**Nixon Peabody LLP PAC**

**A. PRICE, RICHARD, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9117 ROUEN DRIVE

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11AI.12716**

Amount of Each Receipt this Period  
91.00

Memo Item

**B. PRICE, RICHARD, M, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9117 ROUEN DRIVE

City POTOMAC	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : SA11AI.12768**

Amount of Each Receipt this Period  
91.00

Memo Item

**C. PURSLEY, DENISE, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 237 RIVIERA DRIVE WEST

City MASSAPEQUA	State NY	Zip Code 11758
--------------------	-------------	-------------------

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

Name of Employer (for Individual) NIXON PEABODY LLP	Occupation (for Individual) ATTORNEY
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
395.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11AI.12717**

Amount of Each Receipt this Period  
232.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	414.00
<b>TOTAL</b> 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 19 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)  
**Nixon Peabody LLP PAC**

**A. ROBINSON, WILLIAM, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 218 RIVO ALTO  
 City LONG BEACH State CA Zip Code 90803  
 Date of Receipt 06 / 30 / 2017  
 Transaction ID : SA11AI.12769  
 Amount of Each Receipt this Period 87.00  
 Memo Item   
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 281.00

**B. ROSENBAUM, JAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 62 MASSAPOAG AVENUE  
 City SHARON State MA Zip Code 02067  
 Date of Receipt 05 / 02 / 2017  
 Transaction ID : SA11AI.12723  
 Amount of Each Receipt this Period 783.00  
 Memo Item   
 Name of Employer (for Individual) NIXON PEABODY Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 783.00

**C. ROSENBERG, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 CAROLANNE DRIVE  
 City DELMAR State NY Zip Code 12054  
 Date of Receipt 05 / 02 / 2017  
 Transaction ID : SA11AI.12724  
 Amount of Each Receipt this Period 126.00  
 Memo Item   
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 996.00  
**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)  
**Nixon Peabody LLP PAC**

**A. SABLONE, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 MACINTYRE DRIVE  
 City NORTH READING State MA Zip Code 01864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1163.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12726**  
 Amount of Each Receipt this Period 1163.00  
 Memo Item

**B. SAIBERT, FRANK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8822 W. BROOKFIELD AVE UNIT 402  
 City BROOKFIELD State IL Zip Code 60513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 352.00

Date of Receipt 01 / 31 / 2017  
**Transaction ID : SA11AI.12639**  
 Amount of Each Receipt this Period 352.00  
 Memo Item

**C. SCHNIPPER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 COLONIAL STREET  
 City EAST NORTHPORT State NY Zip Code 11731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.12772**  
 Amount of Each Receipt this Period 56.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1571.00  
**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 32
	<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)  
**Nixon Peabody LLP PAC**

**A. SILVERBERG, KENNETH, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8165 SHIPS CURVE LANE  
 City ALEXANDRIA State VA Zip Code 22307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 299.00

Date of Receipt 01 / 31 / 2017  
**Transaction ID : SA11AI.12643**  
 Amount of Each Receipt this Period 299.00  
 Memo Item

**B. SILVERBERG, KENNETH, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8165 SHIPS CURVE LANE  
 City ALEXANDRIA State VA Zip Code 22307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 386.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12732**  
 Amount of Each Receipt this Period 87.00  
 Memo Item

**C. SILVERBERG, KENNETH, H, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8165 SHIPS CURVE LANE  
 City ALEXANDRIA State VA Zip Code 22307  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 472.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : SA11AI.12774**  
 Amount of Each Receipt this Period 86.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	472.00
<b>TOTAL</b> 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 22 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)  
**Nixon Peabody LLP PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. STEIN, RICHARD, M, ,**

Mailing Address **74 KIRKSTALL ROAD**

City <b>NEWTONVILLE</b>	State <b>MA</b>	Zip Code <b>02460</b>
----------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>NIXON PEABODY LLP</b>	Occupation (for Individual) <b>ATTORNEY</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1787.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11AI.12735**

Amount of Each Receipt this Period  
**1787.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SUSSMAN, MONICA, H, ,**

Mailing Address **7924 LAKENHEATH WAY**

City <b>POTOMAC</b>	State <b>MD</b>	Zip Code <b>20854</b>
------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>NIXON PEABODY LLP</b>	Occupation (for Individual) <b>ATTORNEY</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**696.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2017

**Transaction ID : SA11AI.12737**

Amount of Each Receipt this Period  
**525.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. TAUBIN, MICHAEL, J, ,**

Mailing Address **180 EAST END AVENUE**

City <b>NEW YORK</b>	State <b>NY</b>	Zip Code <b>10128</b>
-------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>NIXON PEABODY LLP</b>	Occupation (for Individual) <b>ATTORNEY</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**422.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

**Transaction ID : SA11AI.12649**

Amount of Each Receipt this Period  
**422.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2734.00</b>
<b>TOTAL</b> 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 32
	<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)  
**Nixon Peabody LLP PAC**

**A. TAUBIN, MICHAEL, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 EAST END AVENUE  
 City NEW YORK State NY Zip Code 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 931.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12738**  
 Amount of Each Receipt this Period 509.00  
 Memo Item

**B. TRULL, ETHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2663 MARL OAK DRIVE  
 City HIGHLAND PARK State IL Zip Code 60035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 886.00

Date of Receipt 05 / 02 / 2017  
**Transaction ID : SA11AI.12742**  
 Amount of Each Receipt this Period 886.00  
 Memo Item

**C. UNGARETTI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 W. WILLOW STREET  
 City CHICAGO State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt 01 / 31 / 2017  
**Transaction ID : SA11AI.12651**  
 Amount of Each Receipt this Period 396.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1791.00  
**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 32
	<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)  
**Nixon Peabody LLP PAC**

**A. UNGARETTI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 W. WILLOW STREET  
 City CHICAGO State IL Zip Code 60614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12744**  
 Amount of Each Receipt this Period  
 164.00  
 Memo Item

**B. YOSHITOMI, ROBERT, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27025 SILVER MOON LANE  
 City RANCHO PALOS VERDES State CA Zip Code 90275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NIXON PEABODY LLP Occupation (for Individual) ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2017  
**Transaction ID : SA11AI.12747**  
 Amount of Each Receipt this Period  
 646.00  
 Memo Item

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	810.00
<b>TOTAL</b> This Period (last page this line number only).....	24113.00



**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)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial)

**A. JP MORGAN CHASE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		15		2017

Mailing Address CHASE SQUARE

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.12534**  
Amount of Each Disbursement this Period

[REDACTED] 88.53

Memo Item

City ROCHESTER State NY Zip Code 14692

Purpose of Disbursement  
BANK FEE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. JP MORGAN CHASE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		15		2017

Mailing Address CHASE SQUARE

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.12535**  
Amount of Each Disbursement this Period

[REDACTED] 90.35

Memo Item

City ROCHESTER State NY Zip Code 14692

Purpose of Disbursement  
BANK FEE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. JP MORGAN CHASE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		15		2017

Mailing Address CHASE SQUARE

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.12536**  
Amount of Each Disbursement this Period

[REDACTED] 89.99

Memo Item

City ROCHESTER State NY Zip Code 14692

Purpose of Disbursement  
BANK FEE

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

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

[REDACTED] 268.87

**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)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial)

**A. JP MORGAN CHASE BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		15		2017

Mailing Address CHASE SQUARE

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12784**  
 Amount of Each Disbursement this Period  
 [ ] 78.61

City ROCHESTER State NY Zip Code 14692

Purpose of Disbursement  
BANK FEE

**001**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. NIXON PEABODY LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2017

Mailing Address 1300 CLINTON SQUARE

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12537**  
 Amount of Each Disbursement this Period  
 [ ] 1244.00

City ROCHESTER State NY Zip Code 14604

Purpose of Disbursement  
PROFESIONAL FEES

**001**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C. NIXON PEABODY LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2017

Mailing Address 1300 CLINTON SQUARE

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.12538**  
 Amount of Each Disbursement this Period  
 [ ] 248.75

City ROCHESTER State NY Zip Code 14604

Purpose of Disbursement  
PROFESIONAL FEES

**001**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

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

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

1571.36
1840.23

**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 checked="" 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)  
**Nixon Peabody LLP PAC**

**A. BILL CASSIDY FOR US SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 80505

M M M	/	D D D	/	Y Y Y Y Y
03		30		2017

City BATON ROUGE State LA Zip Code 70898

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	C00543983
---	-----------

Candidate Name CASSIDY, WILLIAM M, , ,

011
Category/Type

Transaction ID : SB23.12553

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: LA District: 00

1000.00
---------

Memo Item

**B. COMMITTEE FOR A DEMOCRATIC HOUSE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 202 BONHAM ROAD

M M M	/	D D D	/	Y Y Y Y Y
06		02		2017

City DEDHAM State MA Zip Code 02026

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	
---	--

Candidate Name

011
Category/Type

Transaction ID : SB23.12573

Amount of Each Disbursement this Period

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

1000.00
---------

Memo Item

**C. COMMITTEE FOR A DEMOCRATIC SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 10 EAST 39TH STREET SUITE 601

M M M	/	D D D	/	Y Y Y Y Y
06		27		2017

City NEW YORK State NY Zip Code 10016

FEC Identification Number

Purpose of Disbursement CONTRIBUTION

C	
---	--

Candidate Name

011
Category/Type

Transaction ID : SB23.12779

Amount of Each Disbursement this Period

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

1000.00
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Memo Item

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

3000.00
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**TOTAL** This Period (last page this line number only).....▶

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**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 checked="" 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)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. DELBENE FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017
Mailing Address PO BOX 487		FEC Identification Number C00459099 <b>Transaction ID : SB23.12540</b>
City BOTHELL	State WA	Zip Code 98041
Purpose of Disbursement CONTRIBUTION		Category/Type 011
Candidate Name DELBENE, SUZAN K, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District: 01	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address 430 South Capitol Street, SE 2nd Floor		FEC Identification Number C00000935 <b>Transaction ID : SB23.12551</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement CONTRIBUTION		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" 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>C. DURBIN VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2017
Mailing Address PO BOX 1949		FEC Identification Number C00636100 <b>Transaction ID : SB23.12559</b>
City SPRINGFIELD	State IL	Zip Code 62705
Purpose of Disbursement CONTRIBUTION		Category/Type 011
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**Nixon Peabody LLP PAC**

**A. GILLIBRAND FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 126 C STREET NW  
2ND FLOOR

M M M	/	D D D	/	Y Y Y Y Y
04		13		2017

City WASHINGTON State DC Zip Code 20001

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00413914
---	-----------

Candidate Name  
**GILLIBRAND, KIRSTEN ELIZABETH, , ,**

011
Category/ Type

**Transaction ID : SB23.12562**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: NY District: 00

2700.00
---------

Memo Item

**B. HEIDI FOR SENATE**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1577

M M M	/	D D D	/	Y Y Y Y Y
05		01		2017

City BISMARCK State ND Zip Code 58502

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00505552
---	-----------

Candidate Name  
**HEITKAMP, HEIDI, , ,**

011
Category/ Type

**Transaction ID : SB23.12564**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: ND District: 00

1000.00
---------

Memo Item

**C. LUCILLE ROYBAL-ALLARD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 6 E STREET, SE

M M M	/	D D D	/	Y Y Y Y Y
05		22		2017

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement  
CONTRIBUTION

C	C00259143
---	-----------

Candidate Name  
**ROYBAL-ALLARD, LUCILLE, , ,**

011
Category/ Type

**Transaction ID : SB23.12567**

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: CA District: 40

500.00
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Memo Item

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

4200.00
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**TOTAL** This Period (last page this line number only).....▶

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**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 checked="" 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)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial)

**A. MASSACHUSETTS REPUBLICAN PARTY**

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2017

FEC Identification Number

C C00042622

Transaction ID : SB23.12575

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

THOMPSON, MIKE MR., , ,

Office Sought:  House  Senate  President

State: CA District: 05

Disbursement For:  Primary  General  Other (specify)

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2017

FEC Identification Number

C C00326363

Transaction ID : SB23.12556

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

TESTER, JON, , ,

Office Sought:  House  Senate  President

State: MT District: 00

Disbursement For:  Primary  General  Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2017

FEC Identification Number

C C00412304

Transaction ID : SB23.12547

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**Nixon Peabody LLP PAC**

Full Name (Last, First, Middle Initial) <b>A. RICHARD E NEAL FOR CONGRESS COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2017
Mailing Address 76 MAGNOLIA TERRACE		FEC Identification Number C C00226522 <b>Transaction ID : SB23.12570</b> Amount of Each Disbursement this Period 2500.00
City SPRINGFIELD	State MA	Zip Code 01108
Purpose of Disbursement CONTRIBUTION		011 Category/ Type
Candidate Name <b>NEAL, RICHARD E MR., , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District: 01	

Full Name (Last, First, Middle Initial) <b>B. THE OORBEEK GROUP</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2017
Mailing Address 3140 W. WARD ROAD SUITE 201		FEC Identification Number C <b>Transaction ID : SB23.12563</b> Amount of Each Disbursement this Period 650.00
City DUNKIRK	State MD	Zip Code 20754
Purpose of Disbursement IN KIND CONTRIBUTION		011 Category/ Type
Candidate Name <b>FOXX, VIRGINIA, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NC	District: 05	

Full Name (Last, First, Middle Initial) <b>C. TIBERI FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address 2931 E DUBLIN GRANVILLE ROAD SUITE 190		FEC Identification Number C C00347492 <b>Transaction ID : SB23.12552</b> Amount of Each Disbursement this Period 1000.00
City COLUMBUS	State OH	Zip Code 43231
Purpose of Disbursement CONTRIBUTION		011 Category/ Type
Candidate Name <b>TIBERI, PATRICK J., , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 12	

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

4150.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**Nixon Peabody LLP PAC**

**A. TOM REED FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement CONTRIBUTION

Candidate Name REED, THOMAS W, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: NY District: 23

Date of Disbursement: 06 / 19 / 2017

FEC Identification Number: C00464032  
Transaction ID : SB23.12577  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. WALORSKI FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement CONTRIBUTION

Candidate Name WALORSKI SWIHART, JACKIE, , ,

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: IN District: 02

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: C00468579  
Transaction ID : SB23.12544  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Category/Type:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21850.00