

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.

1 2 F E 4 M 5

Tri-State Maxed-Out Women

ADDRESS (number and street) ▼

445 Park Avenue

9th Floor

Check if different than previously reported. (ACC)

New York

NY

10022

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488387

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 **PRE-Election** Report for the:
- | | | | | | |
|--------------------------|------------------|--------------------------|---------------|--------------------------|--------------|
| <input type="checkbox"/> | Primary (12P) | <input type="checkbox"/> | General (12G) | <input type="checkbox"/> | Runoff (12R) |
| <input type="checkbox"/> | Convention (12C) | <input type="checkbox"/> | 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:
- | | | | | | |
|--------------------------|---------------|--------------------------|--------------|--------------------------|---------------|
| <input type="checkbox"/> | General (30G) | <input type="checkbox"/> | Runoff (30R) | <input type="checkbox"/> | Special (30S) |
|--------------------------|---------------|--------------------------|--------------|--------------------------|---------------|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

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 Marcia Dickstein Sudolsky

Signature of Treasurer Marcia Dickstein Sudolsky

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 23 2013

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

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Tri-State Maxed-Out Women

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="2012"/>		90415.18
(b) Cash on Hand at Beginning of Reporting Period.....	166897.89	
(c) Total Receipts (from Line 19)	5500.00	205950.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	172397.89	296365.18
7. Total Disbursements (from Line 31).....	83075.22	207042.51
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	89322.67	89322.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

Tri-State Maxed-Out Women

Report Covering the Period: From: 07 / 01 / 2012 To: 09 / 30 / 2012

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).....	5500.00	205750.00
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5500.00	205950.00
(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)	5500.00	205950.00
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))..... ▶	5500.00	205950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5500.00	205950.00

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	6075.22	32542.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6075.22	32542.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	174500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	0.00	0.00
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)) ..	83075.22	207042.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	83075.22	207042.51

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	5500.00	205950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500.00	205950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	6075.22	32542.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	6075.22	32542.51

**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 24
	(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

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)
Tri-State Maxed-Out Women

A. Sigmund Anderman
Full Name (Last, First, Middle Initial)
Mailing Address 445 Park Ave.
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer Unknown Occupation Unknown
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
09 / 19 / 2012
Transaction ID : SA11AI.4907
Amount of Each Receipt this Period
2500.00

B. Debra Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 290 West End Ave.
City New York State NY Zip Code 10023
FEC ID number of contributing federal political committee. **C**
Name of Employer Corcoran Occupation Real Estate Agent
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
08 / 06 / 2012
Transaction ID : SA11AI.4906
Amount of Each Receipt this Period
1000.00

C. Juliet Melamid
Full Name (Last, First, Middle Initial)
Mailing Address 445 Park Ave., 9th Fl
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer Unkown Occupation Unkown
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 09 / 2012
Transaction ID : SA11AI.4911
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)

<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)
Tri-State Maxed-Out Women

A. Iris Shokoff
Full Name (Last, First, Middle Initial)

Mailing Address 200 East 57th St
Apt 6K

City New York State NY Zip Code 10022

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

Name of Employer ISA Advertising Occupation Advertising Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 04 / 2012

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period
1000.00

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	5500.00

**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

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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Processing Fees

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5018

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5019

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5021

Amount of Each Disbursement this Period

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

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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Processing Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : SB21B.5023

Amount of Each Disbursement this Period

29.35

Full Name (Last, First, Middle Initial)

B. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : SB21B.5017

Amount of Each Disbursement this Period

45.62

Full Name (Last, First, Middle Initial)

C. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : SB21B.5020

Amount of Each Disbursement this Period

40.00

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

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

114.97

**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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

Transaction ID : SB21B.5022

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

B. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2012

Transaction ID : SB21B.4895

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2012

Transaction ID : SB21B.4896

Amount of Each Disbursement this Period

200.00

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

440.00

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 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement Administration

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2012

Transaction ID : SB21B.4899

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement Administration

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 11 / 2012

Transaction ID : SB21B.4903

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Regus Office Solutions

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement Administration

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2012

Transaction ID : SB21B.5027

Amount of Each Disbursement this Period

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

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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. James Stanton

Mailing Address 235 East 22nd St.
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement
Graphic Design

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 12 / 2012

Transaction ID : SB21B.4900

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

B. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2012

Transaction ID : SB21B.4893

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Office Space

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2012

Transaction ID : SB21B.4894

Amount of Each Disbursement this Period

200.00

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

1425.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4897

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Office Space

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4898

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Office Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5024

Amount of Each Disbursement this Period

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

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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Consulting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4901

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Office Space

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4902

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. SHELLEY ADLER

Mailing Address 200 LAUREL CREEK BOULEVARD

City MOORESTOWN State NJ Zip Code 08057

Purpose of Disbursement

011

Candidate Name

SHELLEY ADLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : **SB23.4886**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN

Mailing Address 119 MARTIN LUTHER KING JR BLVD LL4

City MADISON State WI Zip Code 53703

Purpose of Disbursement

011

Candidate Name

TAMMY BALDWIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : **SB23.4879**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SHELLEY BERKLEY

Mailing Address 1210 S VALLEY VIEW BLVD STE 114

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement

011

Candidate Name

SHELLEY BERKLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : **SB23.4878**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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"/> 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. LOIS G CAPPS

Mailing Address P.O. BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

LOIS G CAPPS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	2		

Transaction ID : **SB23.4853**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. TARRYL LYNN CLARK

Mailing Address PO BOX 74

City State Zip Code
DULUTH MN 55801

Purpose of Disbursement

011

Category/
Type

Candidate Name

TARRYL LYNN CLARK

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	2		

Transaction ID : **SB23.4864**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City State Zip Code
ROLLING MEADOWS IL 60008

Purpose of Disbursement

011

Category/
Type

Candidate Name

DUCKWORTH FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	2		

Transaction ID : **SB23.4863**

Amount of Each Disbursement this Period

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

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

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. EHRlich FOR CONGRESS

Mailing Address PO BOX 7224

City SAINT PETERSBURG State FL Zip Code 33734

Purpose of Disbursement

011

Category/
Type

Candidate Name

EHRlich FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : SB23.4856

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. EHRlich FOR CONGRESS

Mailing Address PO BOX 7224

City SAINT PETERSBURG State FL Zip Code 33734

Purpose of Disbursement

011

Category/
Type

Candidate Name

EHRlich FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB23.4884

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH ESTY

Mailing Address 213 PRESTON TER

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Candidate Contribution

011

Category/
Type

Candidate Name

ELIZABETH ESTY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : SB23.4854

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ELIZABETH ESTY

Mailing Address 213 PRESTON TER

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement

011

Candidate Name
ELIZABETH ESTY

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : **SB23.4882**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DIANNE FEINSTEIN

Mailing Address 1801 AVENUE OF THE STARS #829

City LOS ANGELES State CA Zip Code 90067

Purpose of Disbursement

011

Candidate Name
DIANNE FEINSTEIN

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : **SB23.4880**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LOIS J FRANKEL

Mailing Address PO BOX 775

City WEST PALM BEACH State FL Zip Code 33402

Purpose of Disbursement

011

Candidate Name
LOIS J FRANKEL

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2012

Transaction ID : **SB23.4873**

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

**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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. TULSI GABBARD

Mailing Address 55 S KUKUI STREET #2510

City HONOLULU State HI Zip Code 96813

Purpose of Disbursement

011

Category/
Type

Candidate Name

TULSI GABBARD

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2012

Transaction ID : SB23.4859

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEIDI HEITKAMP

Mailing Address 21 CAPTAIN LEACH DRIVE

City MANDAN State ND Zip Code 58554

Purpose of Disbursement

011

Category/
Type

Candidate Name

HEIDI HEITKAMP

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Transaction ID : SB23.4877

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TERESA HENSLEY

Mailing Address PO BOX 620

City RAYMORE State MO Zip Code 64083

Purpose of Disbursement

011

Category/
Type

Candidate Name

TERESA HENSLEY

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2012

Transaction ID : SB23.4866

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

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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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. KATHLEEN COURTNEY HOCHUL

Mailing Address PO BOX 64

City State Zip Code
BUFFALO NY 14231

Purpose of Disbursement

011

Candidate Name
KATHLEEN COURTNEY HOCHUL

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General
 Other (specify) ▼
State: NY District: 27

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB23.4885

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ANN KIRKPATRICK

Mailing Address 432 WEST CATTLE DRIVE TRAIL

City State Zip Code
FLAGSTAFF AZ 86001

Purpose of Disbursement

011

Candidate Name
ANN KIRKPATRICK

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General
 Other (specify) ▼
State: AZ District: 01

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : SB23.4888

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ANN MCLANE KUSTER

Mailing Address 331 GOULD HILL ROAD

City State Zip Code
HOPKINTON NH 03329

Purpose of Disbursement

011

Candidate Name
ANN MCLANE KUSTER

Category/
Type

Office Sought: House Senate President
Disbursement For: 2012 Primary General
 Other (specify) ▼
State: NH District: 02

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : SB23.4868

Amount of Each Disbursement this Period

2500.00

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

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

7500.00

**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"/> 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ANN MCLANE KUSTER

Mailing Address 331 GOULD HILL ROAD

City HOPKINTON State NH Zip Code 03329

Purpose of Disbursement

011

Category/
Type

Candidate Name

ANN MCLANE KUSTER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : **SB23.4889**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CLAIRE MCCASKILL

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

011

Category/
Type

Candidate Name

CLAIRE MCCASKILL

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2012

Transaction ID : **SB23.4876**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GRACE MENG

Mailing Address 49-04 43RD AVENUE

City WOODSIDE State NY Zip Code 11377

Purpose of Disbursement

011

Category/
Type

Candidate Name

GRACE MENG

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 06

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2012

Transaction ID : **SB23.4874**

Amount of Each Disbursement this Period

1000.00

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

8500.00

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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. GLORIA ROMERO ROSES

Mailing Address 13431 OLD SHERIDAN STREET

City SOUTHWEST RANCHES State FL Zip Code 33330

Purpose of Disbursement

011

Category/
Type

Candidate Name

GLORIA ROMERO ROSES

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	2	

Transaction ID : **SB23.4857**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. KELDA HELEN ROYS

Mailing Address PO BOX 231

City MADISON State WI Zip Code 53701

Purpose of Disbursement

011

Category/
Type

Candidate Name

KELDA HELEN ROYS

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	2	

Transaction ID : **SB23.4870**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. CAROL SHEA-PORTER

Mailing Address PO BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement

011

Category/
Type

Candidate Name

CAROL SHEA-PORTER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	6			2	0	1	2	

Transaction ID : **SB23.4867**

Amount of Each Disbursement this Period

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

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

**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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. CAROL SHEA-PORTER

Mailing Address PO BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement

011

Category/
Type

Candidate Name

CAROL SHEA-PORTER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : **SB23.4887**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement

011

Category/
Type

Candidate Name

KYRSTEN SINEMA

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : **SB23.4890**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. LOUISE M SLAUGHTER

Mailing Address 14 MANOR HILL DRIVE

City FAIRPORT State NY Zip Code 14450

Purpose of Disbursement

011

Category/
Type

Candidate Name

LOUISE M SLAUGHTER

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	2

Transaction ID : **SB23.4883**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**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"/> 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. BETTY S SUTTON

Mailing Address 3825 ROYAL ROCK ROAD

City State Zip Code
COPLEY OH 44321

Purpose of Disbursement

011

Candidate Name
BETTY S SUTTON

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : SB23.4872

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CHRISTIE VILSACK

Mailing Address 2204 PINEHURST DR

City State Zip Code
AMES IA 50010

Purpose of Disbursement

011

Candidate Name
CHRISTIE VILSACK

Category/
Type

Office Sought: House
 Senate
 President
State: IA District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	06	/	2012

Transaction ID : SB23.4861

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

77000.00
