FEC

FORM 3X

2.

5.

09/19/2023 11:09

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REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

| | | | | | | Office Use | e Only | |
|---|-----------------|--|-------------------------------|----------------------------|-------------|--------------------------|--------------------|--|
| 1. NAME OF COMMITTEE (in full | TYPE OR | PRINT ▼ | Example: If ty over the lines | | 12FE4 | M5 | | |
| Tri-State Maxed- | Out Women | | | | | | | |
| | | | | | | | | |
| ADDRESS (number and st | | n St NW Ste 925 | | | | | | |
| Check if differer than previously reported. (ACC) | Washin | gton | | | | 20006 | | |
| 2. FEC IDENTIFICATI | | CITY | < ▲ | | STATE 🔺 | Z | ZIP COD | ÞE ▲ |
| C C00488387 | | 3. IS RE | THIS PORT X | NEW (N) OR | | AMENDED (A) | | |
| 4. TYPE OF REPOI (Choose One) | Re Du | e On: | 20 (M2) | May 20 (M5) Jun 20 (M6) | | ug 20 (M8) ep 20 (M9) | H | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election |
| (a) Quarterly Report | s: | Apr 2 | 20 (M4) | Jul 20 (M7) | | ct 20 (M10) | | Year Only) Jan 31 (YE) |
| Quarterly Re July 15 Quarterly Re | (C) | 12-Day PRE -Election | Primary (| | - | al (12G) | | Runoff (12R) |
| October 15 Quarterly Re | | Report for the: | Conventio | in (12C) | Specia | al (12S) | in the | |
| January 31 Year-End R | eport (YE) | Election | on | | | | State of | |
| July 31 Mid Report (Nor Year Only) | n-election | 30-Day POST -Election Report for the: | General (| 30G) | Runof | f (30R) | | Special (30S) |
| Termination (TER) | Report | Election | on | / D D / | Y Y Y Y | Y | in the State of | |
| 5. Covering Period | M M / D 08 0 | | Y throug | h 08 | / D D 31 | / Y Y 202 | у у 3 | |

Dickstein Sudolsky, Marcia, , , Type or Print Name of Treasurer M D Dickstein Sudolsky, Marcia, , , 09 19 Signature of Treasurer Date 2023

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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| ffice | | | | FEC FORM 3X |
|-----------------|--|--|--|--------------|
| Jse Dnly | | | | Rev. 05/2016 |

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

| | FEC Form 3X (Rev. 05/2016) | Page 2 | |
|------|---|-------------------------------|---|
| Writ | te or Type Committee Name | | |
| Tr | ri-State Maxed-Out Women | | |
| Rep | port Covering the Period: From: | 08 / 01 / Y Y Y Y 2023 To: | M M / D D / Y |
| | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (| a) Cash on Hand January 1, 2023 | | 66618.56 |
| (| b) Cash on Hand at Beginning of Reporting Period | 169662.06 | |
| (| c) Total Receipts (from Line 19) | 61866.20 | 449258.29 |
| (| d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 231528.26 | 515876.85 |
| 7. 1 | Total Disbursements (from Line 31) | 24223.17 | 308571.76 |
| F | Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d)) | 207305.09 | 207305.09 |
| t | Debts and Obligations Owed TO he Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| t | Debts and Obligations Owed BY he 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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Tri-State Maxed-Out Women

| Report Covering the Period: From: | / D D / Y Y Y Y 01 / 2023 | To: 08 / 0 - 0 / 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 - 9 |
|---|-------------------------------|--|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 1. Contributions (other than loans) From: | | · · |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 42054.00 | 047404.00 |
| (i) Itemized (use Schedule A) | 43851.00 | 317191.60 |
| Γ | 45.00 | 715.00 |
| (ii) Unitemized | 15.00 | 715.00 |
| (iii) TOTAL (add | 42966.00 | 317906.60 |
| Lines 11(a)(i) and (ii) | 43866.00 | 311300.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (b) Political Party Committees(c) Other Political Committees | | |
| (c) Other Political Committees (such as PACs) | 0.00 | 1200.00 |
| (d) Total Contributions (add Lines | | 41 |
| 11(a)(iii), (b), and (c)) (Carry | | |
| Totals to Line 33, page 5) | 43866.00 | 319106.60 |
| 2. Transfers From Affiliated/Other | | |
| Party Committees | 0.00 | 0.00 |
| | | |
| . All Loans Received | 0.00 | 0.00 |
| . Loan Repayments Received | 0.00 | 0.00 |
| 6. Offsets To Operating Expenditures | | |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 75.00 |
| 6. Refunds of Contributions Made | 47. 47. 47. | |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 1000.00 |
| . Other Federal Receipts | | |
| (Dividends, Interest, etc.) | 18000.20 | 129076.69 |
| . 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 |
| | | |
| Total Receipts (add Lines 11(d), | | 440050.00 |
| 12, 13, 14, 15, 16, 17, and 18(c)) | 61866.20 | 449258.29 |
| . Total Federal Receipts | | |

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►



Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 10870.85 104774.35 Expenditures (c) Total Operating Expenditures 104774.35 (add 21(a)(i), (a)(ii), and (b)) 10870.85 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 123250.00 8500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1200.00 12400.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 1200.00 12400.00 29. Other Disbursements (Including 68147.41 Non-Federal Donations)..... 3652.32 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 Total Federal Election Activity (add (C) 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)).. 24223.17 308571.76 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 24223.17 308571.76

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

| 33. | Total Contributions (other than loans) |
|-----|--|
| | (from Line 11(d), page 3) |
| 34. | Total Contribution Refunds |
| | (from Line 28(d)) |
| 35. | Net Contributions (other than loans) |
| | (subtract Line 34 from Line 33) |
| 36. | Total Federal Operating Expenditures |
| | (add Line 21(a)(i) and Line 21(b)) |
| 37. | Offsets to Operating Expenditures |
| | (from Line 15, page 3) |
| 38. | Net Operating Expenditures |

(subtract Line 37 from Line 36)

| | | | | | | 43866.00 |
|---|---|-----|---|---|----|----------|
| | | 7 | | | 7 | 1 1 45 |
| | | | | | | 1200.00 |
| | | | 1 | | -1 | 1200.00 |
| | | | | | | 42666.00 |
| | | - 1 | 1 | | - | |
| | | | | | | |
| | | | | | | 10870.85 |
| | | -7 | | | 7 | 10870.85 |
| F | - | -7- | - | - | - | |
| | | -7 | - | - | 7 | |
| | - | | - | - | - | 0.00 |

319106.60 12400.00 306706.60 104774.35 75.00 104699.35

COLUMN B

Calendar Year-to-Date

Page 5

| SCHEDULE A | (FEC Form 3X) |
|--------------|---------------|
| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

(check only one)

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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
|----|---|--------------|---|--|
| | y information copied from such Reports and Statem for commercial purposes, other than using the name | | | |
| | NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | | |
| A. | , | itate NY | ganization Name Zip Code 10023-7133 | Date of Receipt 08 / 12 2023 Transaction ID : 4708866 Amount of Each Receipt this Period 1500.00 |
| | Name of Employer (for Individual) US Holocaust Museum Receipt For: Primary General Other (specify) ▼ | Fund | apation (for Individual) draiser Year-to-Date ▼ 1500.00 | Memo Item See Below |
| B. | Full Name of Individual (Last, First, Middle Initial) o ACTBLUE Mailing Address PO Box 441146 | r Full Or | rganization Name | Date of Receipt |
| | | Occu | Zip Code 02144-0031 401224 upation (for Individual) duit total listed in Agg. field | Transaction ID : 4708866E Amount of Each Receipt this Period 1500.00 X Memo Item |
| | Receipt For: Age Primary General Other (specify) ▼ | | Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through th organization. |
| C. | Full Name of Individual (Last, First, Middle Initial) o Bren, Christine, , , Mailing Address 81 Neck Path | r Full Or | | Date of Receipt |
| | East Hampton I FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Pageint For: | Occu Psyc | Zip Code 11937-1622 Ipation (for Individual) hologist Year-to-Date ▼ 1200.00 | Transaction ID : 4712999 Amount of Each Receipt this Period 1200.00 Memo Item |
| s | UBTOTAL of Receipts This Page (optional) | | • | 2700.00 |
| т | OTAL This Period (last page this line number only). | | ••••• | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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| | l l | Detailed Summary Page | X | 11a | | 111 | c | 11c | 12 | | |
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| | | | | 13 | | 14 | | 15 | 16 | 17 | |
| ny information copied from such Reports a r for commercial purposes, other than using | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| ⁷ Tri-State Maxed-Out Womer | <u>ו</u> | | | | | | | | | | |
| Full Name of Individual (Last, First, Middl Cohn, Joan, , , | e Initial) or Full O | rganization Name | D | ate of | Re | ceip | ot | | | | |
| Mailing Address 10 W 66Th St | | | | м м 08 | / | D | 31 | / Y | y 2023 | Ŷ | |
| City | State | Zip Code | | Trans | acti | on | ID : 4 | 713011 | | | |
| New York | NY | 10023-6206 | A | mount | of | Ead | ch Re | ceipt th | nis Period | l | |
| FEC ID number of contributing federal political committee. | C | | | | | , | | | 1000. | .00 | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | [| Me | emo | Ite | m | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | |
| Primary General | 7.99.09uto | | * F | armar | ked | | ntrihi | ition: S | ee Relow | | |
| Other (specify) ▼ | | 2500.00 | | * Earmarked Contribution: See Below | | | | | | | |
| Full Name of Individual (Last, First, Middl ACTBLUE | e Initial) or Full O | rganization Name | | ate of | Re | ceip | ot | | | | |
| Mailing Address PO Box 441146 | | | | 08 | / | D | 31 | / Y | 2023 | Y | |
| City | State | Zip Code | | Trans | acti | on | ID : 4 | 713011 | E | | |
| West Somerville | MA | 02144-0031 | A | mount | of | Ead | ch Re | ceipt th | nis Period | I | |
| FEC ID number of contributing federal political committee. | C C00401224 | | | 1000.00 | | | | | | .00 | |
| Name of Employer (for Individual) | | upation (for Individual) Iduit total listed in Agg. field | | × Me | emo | Ite | m | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| Primary General | | | | | Note: Above Contribution earmarked through th | | | | | | |
| Other (specify) | 60666.00 | or | ganizat | tion. | • | | | | 0 | | |
| Full Name of Individual (Last, First, Middl Dickstein Sudolsky, Marcia, , , | e Initial) or Full O | rganization Name | D | ate of | Re | ceip | ot | | | | |
| Mailing Address 445 Park Ave | | | | 08 ^M | / | D | 08 | / Y | 2023 | Ŷ | |
| City | State NY | Zip Code | | Trans | acti | ion | ID : 4 | 708854 | 1 | | |
| New York | | 10022-2606 | A | mount | of | Ead | ch Re | ceipt th | nis Period | | |
| FEC ID number of contributing federal political committee. | | | 1.00 | | | | | 00 | | | |
| Name of Employer (for Individual) | Occi | upation (for Individual) | | Me | emo |) Ite | m | | | | |
| TSMOW | | draiser | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | | | | |
| | | | * E | Earmai | rked | l Co | ontrib | ution: S | ee Below | | |
| Primary General | Other (specify) | | | | | | | | | | |
| | | 7 | - L - | | | | | | | | |

| SCHEDULE A | (FEC Form 3X) | |
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| ITEMIZED REC | EIPTS | |

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

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| Any information and from such Departs | and Otatamanta m | | | 13 | | 14 | | 15 | | 16 | 17 | | | | |
| Any information copied from such Reports or for commercial purposes, other than us | | | | | | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | |
| angle Tri-State Maxed-Out Wom | en | | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Mic | Idle Initial) or Full C | rganization Name | D | ate of | Re | eceipt | | | | | | | | | |
| Mailing Address PO Box 441146 | | | | M M / D / Y | | | | | | | | | | | |
| City | State | Zip Code | | | | | | | | | | | | | |
| West Somerville | MA | 02144-0031 | A | Amount of Each Receipt this Period | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C co | 0401224 | 1.00 | | | | | | | | | | | | |
| Name of Employer (for Individual) | | upation (for Individual) Iduit total listed in Agg. field | | × Me | emo | ttem | | | | | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | | | | | | | | |
| Other (specify) ▼ | | 60666.00 | | ote: Ab ganizat | | | ribut | ion ear | ma | rked thi | rough th | | | | |
| Full Name of Individual (Last, First, Mic 3. Duff, Patricia, , , | ddle Initial) or Full C | rganization Name | D | ate of | Re | eceipt | | | | | | | | | |
| Mailing Address 480 Park Ave Apt 7G | | | | 08 / D D / Y Y Y Y 2023 | | | | | | | | | | | |
| City | State | Zip Code 10022-1742 | | Transaction ID : 4708879 | | | | | | | | | | | |
| New York | 10022-1742 | A | Amount of Each Receipt this Period | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | ЦĻ | 1000.00 | | | | | | | | | | | |
| Name of Employer (for Individual) Self | | upation (for Individual) estor | Ľ | Memo Item | | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | *E | * Earmarked Contribution: See Below | | | | | | | | | | | |
| Full Name of Individual (Last, First, Mic ACTBLUE | Idle Initial) or Full C | rganization Name | D | ate of | Re | eceipt | | | | | | | | | |
| Mailing Address PO Box 441146 | | | 46 | 08 ^M | / | 2 | 28 | | 20 |)23 | ŕ | | | | |
| City West Somerville | State MA | Zip Code 02144-0031 | | | | | | 708879 | | | | | | | |
| FEC ID number of contributing | | | A | mount | of | Each | Rec | eipt th | | | | | | | |
| federal political committee. | 0401224 | 14 | _ | - | 9 | | y | _ | 1000.00 |) | | | | | |
| Name of Employer (for Individual) | | upation (for Individual) duit total listed in Agg. field | | × Memo Item | | | | | | | | | | | |
| Receipt For: | Aggregate Tear-to-Date V | | | | | | | | | | | | | | |
| Primary General Other (specify) | | 60666.00 | | ote: Ab ganiza | | | ribut | tion eai | rma | rked th | rough th | | | | |
| SUBTOTAL of Receipts This Page (optio | nal) | | | | | | | | | 1000.00 |) | | | | |
| | | | - ř | - | | , | = | 7 | - | + | Ħ | | | | |
| TOTAL This Period (last page this line n | | | P L | - | - | - | - | - | | | and the second second | | | | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

(check only one)

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| | EMIZED RECEIPTS | | | for each category of the Detailed Summary Page | | X | 11a 13 | | - | 1b 4 | F | 11c | | 12 16 | 17 |
|--|---|-------------------------|------|---|----------|---|----------------------------------|-------|--|-----------|------|------------|------|----------|-------|
| | y information copied from such Reports and S for commercial purposes, other than using the | | | | | | or the | | rpo | se o | | soliciting | | ntribu | tions |
| | NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Ini Elman, Sylvia, , , | tial) or Full C | Drga | anization Name | | D | ate c | of Re | ece | eipt | | | | | |
| | Mailing Address 655 Park Ave Apt 3A | | | | | l | 08 | | | 31 | | / Y | 20 |)23 | Ŷ |
| | City New York | State NY | | Zip Code 10065-5985 | \vdash | | | | | | | 713013 | | eriod | |
| | FEC ID number of contributing federal political committee. | С | | | | l | | | , | | | | | 1000. | |
| | Name of Employer (for Individual) Not Employed | | | ation (for Individual) nployed | | [| N | lemo | οI | tem | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | ar-to-Date ▼ 1500.00 | | * E | Earma | arke | d (| Contr | ibu | ution: Se | ee B | elow | | | |
| в. | Full Name of Individual (Last, First, Middle Ini ACTBLUE | tial) or Full C | Drga | anization Name | | D | ate o | of Re | ece | eipt | | | | | |
| | Mailing Address PO Box 441146 | | | | | | 08 / D D / Y Y Y Y 08 31 2023 | | | | | | | | |
| | City West Somerville | State MA | | Zip Code 02144-0031 | _ | Transaction ID : 4713013E Amount of Each Receipt this Period | | | | | | | | | |
| | FEC ID number of contributing federal political committee. | C co | 040 | 1224 | 1000 | | | | | 1000. | 00 | | | | |
| | Name of Employer (for Individual) | | • | ation (for Individual) it total listed in Agg. field | | × Memo Item | | | | | | | | | |
| | Possint For: | | | regate Year-to-Date ▼ 60666.00 | | | | | Note: Above Contribution earmarked through thi organization. | | | | | | |
| с. | Full Name of Individual (Last, First, Middle Ini Elman, Sylvia, , , | tial) or Full C | Drga | anization Name | | D | ate o | of Re | ece | eipt | | | | | |
| | Mailing Address 655 Park Ave Apt 3A | | | | | l | [™] 08 | / | | 31 | 1 | / Y | 20 |)23 | Y |
| | City New York | State NY | | Zip Code 10065-5985 | \vdash | A | | | | | | 713014 | | eriod | |
| FEC ID number of contributing federal political committee. | | | | | | Amount of Each Receipt this Period | | | | | | 00 | | | |
| | Name of Employer (for Individual) Not Employed | | | ation (for Individual) nployed | | | N | 1em | οI | ltem | | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate | Ye | ar-to-Date ▼ 1500.00 | | * E | Earma | arke | d (| Contr | ribu | ution: S | ee B | elow | |
| s | UBTOTAL of Receipts This Page (optional) | | | • | | [| | | 9 | | | , | 1 | 1500. | 00 |
| т | OTAL This Period (last page this line number | only) | | ••••• | - | [| | | , | | | | | | |

| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

FOR LINE NUMBER:

(check only one)

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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | | | | | |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | | | | | | | |
| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | Tri-State Maxed-Out Women | | | | | | | | | |
| Α. | Full Name of Individual (Last, First, Middle Init ACTBLUE | ial) or Full C | Organization Name | Date of Receipt | | | | | | |
| | Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y 2023 | | | | | | |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4713014E | | | | | | |
| | FEC ID number of contributing federal political committee. | C Co | 0401224 | Amount of Each Receipt this Period | | | | | | |
| | Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | X Memo Item | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through thi organization. | | | | | | |
| в. | Full Name of Individual (Last, First, Middle Init Greenwald, Laurence, , , | ial) or Full C | Organization Name | Date of Receipt | | | | | | |
| | Mailing Address 700 Park Ave | | | 08 17 2023 | | | | | | |
| | City New York | State NY | Zip Code 10021-0104 | Transaction ID : 4708877 Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | С | | 2500.00 | | | | | | |
| | Name of Employer (for Individual) Not Employed | | cupation (for Individual) t Employed | Memo Item | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2500.00 | * Earmarked Contribution: See Below | | | | | | |
| <u>с</u> . | Full Name of Individual (Last, First, Middle Init ACTBLUE | ial) or Full C | Organization Name | Date of Receipt | | | | | | |
| | Mailing Address PO Box 441146 | | | 08 / D / Y Y Y Y 2023 | | | | | | |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4708877E Amount of Each Receipt this Period | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | Detailed Summary Page | | 11a 13 | | 11b 14 | | 11c 15 | 12 | 17 | | | | | | | | |
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| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | | | | | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle Johnson, Joyce S., , , Mailing Address 65 W 96Th St | Date of Receipt | | | | | | | | | | | | | | | | | |
| Apt 16G City New York | State NY | Zip Code 10025-6537 | | Trans | | ion ID |):4 | 706228 | _ | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | Amount of Each Receipt this Period | | | | | | | | | | | | | | | |
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| Full Name of Individual (Last, First, Middle ACTBLUE | Initial) or Full C | rganization Name | | Date of | Re | ceipt | | | | | | | | | | | | |
| Mailing Address PO Box 441146 | | | | 08 / D D / Y Y Y Y 08 07 2023 | | | | | | | | | | | | | | |
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| Mailing Address 4821 Foxhall Cres NW | | | | 08 | / | | 10 | | y y 2023 | Y | | | | | | | | |
| City Washington | State DC | Zip Code 20007-1052 | A | | | | | 708863 ceipt th | is Period | | | | | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | |
| | Tri-State Maxed-Out Women | | | |
| A. | Full Name of Individual (Last, First, Middle Initial ACTBLUE |) or Full Or | ganization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | 1 | | 08 / D D / Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4708863E |
| | | | 02144-0031 | Amount of Each Receipt this Period |
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| в. | Full Name of Individual (Last, First, Middle Initial Kane, Linda, , , | Date of Receipt | | |
| | Mailing Address 1755 York Ave Apt 12C | | | 08 02 2023 |
| | City | State | Zip Code | Transaction ID : 4706227 |
| | New York | NY | 10128-6867 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1500.00 |
| | Name of Employer (for Individual) Self | | pation (for Individual) sultant | Memo Item |
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| | Mailing Address PO Box 441146 | 1 | - | 08 / D / Y Y Y Y 08 07 2023 |
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| | West Somerville | MA | 02144-0031 | Amount of Each Receipt this Period |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | - | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Middle A. Lapenn, Joyce, , , | Initial) or Full O | rganization Name | Da | ate of | Re | ceipt | | | | | | | | | |
| Mailing Address PO Box 368 | | | Γ | 08 06 2023 | | | | | | | | | | | |
| City | State | Zip Code | | Transa | acti | on ID : 4 | 4706226 | i | | | | | | | |
| Hillsdale | NY | 12529-0368 | Ar | nount | of | Each Re | eceipt th | is Period | | | | | | | |
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| Mailing Address 1750 S Ocean Blvd | | | _ | 08 | / | , 31 | / Y | 2023 Y | Y | | | | | | |
| City | State | Zip Code | | Trans | acti | on ID : | 4713012 | 2 | | | | | | | |
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| or | y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| \rangle | Tri-State Maxed-Out Women | | | | | | | | | | | |
| <u> </u> | Full Name of Individual (Last, First, Middle Init ACTBLUE | tial) or Full O | rganization Name | | Date of | f Re | ecei | pt | | | | |
| | Mailing Address PO Box 441146 | | | | м м 08 | _ | _ | 31 | / Y | ү 2 | 023 023 | Y |
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| | Full Name of Individual (Last, First, Middle Init Lobis Brown, Joan, , , | tial) or Full O | rganization Name | | Date of | f Re | ecei | pt | | | | |
| | Mailing Address 33 Riverside Dr Apt 4C | | | | M M 08 | / | ľ | 07 | / Y | 2 2 |)23 | Y |
| City State New York NY FEC ID number of contributing C federal political committee. C | | | Zip Code 10023-8025 | | Transaction ID : 4706225 Amount of Each Receipt this Period 1500.00 | | | | | | | |
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| ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 | | |
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| or for commercial purposes, other than us | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | |
| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Wom | en | | | | |
| Full Name of Individual (Last, First, Mi A. Masters, Cindy, , , | ddle Initial) or Full C | rganization Name | Date of Receipt | | |
| Mailing Address 6 Sands Light Rd | State | Zip Code | 08 / D D / Y Y Y Y 2023 | | |
| Sands Point | NY | 11050-1228 | Transaction ID : 4706224 Amount of Each Receipt this Period | | |
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| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Memo Item | | |
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| City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4706224E Amount of Each Receipt this Period | | |
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| Mailing Address 154 W 88Th St | 1- | | M M / D D / Y | | |
| City New York | State NY | Zip Code 10024-2441 | Transaction ID : 4713009 Amount of Each Receipt this Period | | |
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| $\overline{)}$ | NAME OF COMMITTEE (In Full) | | | |
| \rangle | Tri-State Maxed-Out Women | | | |
| Α. | Full Name of Individual (Last, First, Middle In ACTBLUE | iitial) or Full C | Organization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4713009E |
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| | federal political committee. | C CO | 0401224 | 1000.00 |
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| B. | Full Name of Individual (Last, First, Middle In O'Halloran, Michael, , , | itial) or Full C | Organization Name | Date of Receipt |
| | Mailing Address 255 Broadway | 08 29 2023 | | |
| | City | Zip Code | Transaction ID : 4713004 | |
| | Hastings On Hudson | 10706-2906 | Amount of Each Receipt this Period | |
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| | Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Memo Item |
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| ITEMIZED RECEIPTS | | | | or each category of the Detailed Summary Page | | 11a 13 | |] 11 14 | H | _ | 1c 5 | 12 16 | 17 |
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| $\langle \rangle$ | NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | | | | | | | | | | | |
| A. | Full Name of Individual (Last, First, Middle Initial Reese, Elizabeth, , , | Date of Receipt | | | | | | | | | | | |
| - | Mailing Address 830 Park Ave | | | 7.0.1 | | м м 08 | 1 | L | D D 12 | | L | 2023 | Y |
| | City New York | State NY | | Zip Code 10021-2757 | | Trans | | | | | | - Devie d | |
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| - | Mailing Address PO Box 441146 | | | | 08 / D D / Y Y Y Y 08 14 2023 | | | | | | | | |
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| c. | Full Name of Individual (Last, First, Middle Initial Richter, Rosalyn, , , |) or Full O | Organ | nization Name | | Date of | f Re | ece | ipt | | | | |
| - | Mailing Address 201 W 70Th St | 1 - | | | | 08 ^M | Ŀ. | L | D D 17 | | L | 2023 | Y |
| | City New York | State NY | | Zip Code 10023-4387 | | Trans | | | | | | s Period | |
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| Arnold & Porter Law | | | Occupation (for Individual) Lawyer | | | | | Memo Item | | | | | |
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| $\overline{\ }$ | NAME OF COMMITTEE (In Full) | | | |
| $\big\rangle$ | Tri-State Maxed-Out Women | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial ACTBLUE |) or Full C | Organization Name | Date of Receipt |
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| | Mailing Address 1050 5Th Ave | 1 | | M M / D / Y |
| | City | State NY | Zip Code | Transaction ID : 4708871 |
| | New York | | 10028-0110 | Amount of Each Receipt this Period |
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| | Name of Employer (for Individual) WCS | | cupation (for Individual) ector, Corporate Relationships | Memo Item |
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| | Mailing Address PO Box 441146 | 1 - | | 08 / D D / Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4708871E Amount of Each Receipt this Period |
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| | Other (specify) | | 60666.00 | Note: Above Contribution earmarked through the organization. |
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| SCHEDULE A | (FEC Form 3X) |
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| | | | | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | |
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| Tri-State Max | ked-Out Womer | n | | | |
| Full Name of Individ | dual (Last, First, Middl , , | le Initial) or Full O | rganization Name | Date of Receipt | |
| Mailing Address 32 | 0 Central Park W | | | 08 / D D / Y Y Y Y Y 08 10 2023 | |
| City | | State NY | Zip Code | Transaction ID: 4708856 | |
| New York | | | 10025-7659 | Amount of Each Receipt this Period | |
| FEC ID number of federal political com | Ũ | C | | 1000.00 | |
| Name of Employer Not Employed | (for Individual) | | upation (for Individual) Employed | Memo Item | |
| Receipt For: | | Aggregate | Year-to-Date 🔻 | | |
| Primary Other (specify | General /) ▼ | | 2200.00 | * Earmarked Contribution: See Below | |
| | dual (Last, First, Middl | le Initial) or Full O | rganization Name | | |
| ACTBLUE | | | | Date of Receipt | |
| Mailing Address PC |) Box 441146 | 08 / D D / Y Y Y Y 2023 | | | |
| City | | State MA | Zip Code | Transaction ID : 4708856E | |
| West Somerville | | IVIA | 02144-0031 | Amount of Each Receipt this Period | |
| FEC ID number of federal political com | Ũ | 1000.00 | | | |
| Name of Employer | (for Individual) | | upation (for Individual) duit total listed in Agg. field | X Memo Item | |
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| Other (specify | General /) ▼ | | 60666.00 | Note: Above Contribution earmarked throug organization. | |
| Full Name of Individ | dual (Last, First, Middl | le Initial) or Full O | rganization Name | Date of Receipt | |
| Mailing Address 12 | | | | 08 13 2023 | |
| City | | State | Zip Code | Transaction ID : 4708872 | |
| Englewood | | NJ | 07631-5125 | Amount of Each Receipt this Period | |
| FEC ID number of federal political com | U U | C | | 1000.00 | |
| Name of Employer | (for Individual) | | upation (for Individual) ncial Advisor | Memo Item | |
| Morgan Stanley | | | | | |
| Receipt For: | Gonaral | Aggregate | Year-to-Date 🔻 | | |
| Other (specify | General /) | | 2200.00 | * Earmarked Contribution: See Below | |
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| | information copied from such Reports and State or commercial purposes, other than using the na | | | erson for the purpose of soliciting contributions | | | | | | |
| | IAME OF COMMITTEE (In Full) Tri-State Maxed-Out Women | | | | | | | | | |
| A | ull Name of Individual (Last, First, Middle Initial) ACTBLUE | rganization Name | Date of Receipt | | | | | | | |
| _ | Aailing Address PO Box 441146 | State | Zip Code | 08 / 14 2023 Transaction ID : 4708872E | | | | | | |
| | West Somerville | MA | 02144-0031 | Amount of Each Receipt this Period | | | | | | |
| | EC ID number of contributing ederal political committee. | C coo |)401224 | | | | | | | |
| Ī | lame of Employer (for Individual) | | upation (for Individual) duit total listed in Agg. field | × Memo Item | | | | | | |
| F | Receipt For: A Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through this organization. | | | | | | |
| | ull Name of Individual (Last, First, Middle Initial) Sacks, Carol, , , | or Full O | rganization Name | Date of Receipt | | | | | | |
| _ | Aailing Address 3 Sinclair Dr | 08 12 2023 | | | | | | | | |
| | Sity Great Neck | State NY | Zip Code 11024-1621 | Transaction ID : 4708867 Amount of Each Receipt this Period | | | | | | |
| | EC ID number of contributing ederal political committee. | С | | 500.00 | | | | | | |
| Ν | Jame of Employer (for Individual) Jot Employed | | upation (for Individual) Employed | Memo Item | | | | | | |
| F | Receipt For: A Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | * Earmarked Contribution: See Below | | | | | | |
| | ull Name of Individual (Last, First, Middle Initial) ACTBLUE | or Full O | rganization Name | Date of Receipt | | | | | | |
| _ | Aailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y Y 2023 | | | | | | |
| | Sity West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4708867E | | | | | | |
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| N | lame of Employer (for Individual) | | upation (for Individual) duit total listed in Agg. field | × Memo Item | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| | y information copied from such Reports and Stat for commercial purposes, other than using the na | | | |
| \backslash | NAME OF COMMITTEE (In Full) | | | |
| | Tri-State Maxed-Out Women | | | |
| Α. | Full Name of Individual (Last, First, Middle Initial Shapiro, Geri, , , | l) or Full O | rganization Name | Date of Receipt |
| | Mailing Address 220 E 65Th St | | | 08 10 2023 |
| | City | State | Zip Code | Transaction ID : 4708859 |
| | New York | NY | 10065-6620 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1400.00 |
| | Name of Employer (for Individual) Senator Kirsten Gilibrand | | upation (for Individual) ior Advisor | Memo Item |
| | Receipt For: | Aggregate | Year-to-Date ▼ | - |
| | Primary General Other (specify) v | | 3800.00 | * Earmarked Contribution: See Below |
| В. | Full Name of Individual (Last, First, Middle Initial ACTBLUE | l) or Full O | rganization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | | 08 14 2023 | |
| | City | State | Zip Code | Transaction ID : 4708859E |
| | West Somerville | MA | 02144-0031 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | |)401224 | 1400.00 |
| | Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through this organization. |
| <u>с.</u> | Full Name of Individual (Last, First, Middle Initial Sheerr, Betsy, , , | l) or Full O | rganization Name | Date of Receipt |
| | Mailing Address 201 S Narcissus Ave Apt 803 | | | 08 / D D / Y Y Y Y 08 22 2023 |
| | City | State | Zip Code | Transaction ID : 4708882 |
| | West Palm Beach | FL | 33401-5698 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer (for Individual) | ame of Employer (for Individual) Occupation (for Individual) | | |
| | Sheerr Communications | | cutive | |
| | Receipt For: | Aggregate | Year-to-Date V | - |
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| | | | | / person for the purpose of soliciting contributions | | | | | | |
| NAME OF COMMITTE | · • | the name and a | ddress of any political commit | ttee to solicit contributions from such committee. | | | | | | |
| Tri-State Maxed | · · · · | | | | | | | | | |
| Full Name of Individua | (Last, First, Middle | Initial) or Full O | rganization Name | Date of Receipt | | | | | | |
| Mailing Address PO Bo | | 08 28 2023 | | | | | | | | |
| City | | State | Zip Code | Transaction ID : 4708882E | | | | | | |
| West Somerville | | MA | 02144-0031 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of con federal political commit | 0 | C coo |)401224 | 500.00 | | | | | | |
| Name of Employer (for | Individual) | × Memo Item | | | | | | | | |
| Receipt For: Primary Other (specify) | General | Note: Above Contribution earmarked throug | | | | | | | | |
| | | | 60666.00 | organization. | | | | | | |
| Full Name of Individual B. Spear, Susan, , , | (Last, First, Middle | Initial) or Full O | rganization Name | Date of Receipt | | | | | | |
| Mailing Address 36 Ast | or Dr | 08 09 2023 | | | | | | | | |
| City | | State | Zip Code | Transaction ID : 4708855 | | | | | | |
| Mahopac | | NY | 10541-3700 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of con federal political commit | 0 | C | | 1500.00 | | | | | | |
| Name of Employer (for Westchester County | Individual) | | upation (for Individual) uty Commissioner | Memo Item | | | | | | |
| Receipt For: Primary Other (specify) ▼ | General | Aggregate | Year-to-Date ▼ 1500.00 | * Earmarked Contribution: See Below | | | | | | |
| Full Name of Individua c. ACTBLUE | (Last, First, Middle | Initial) or Full O | rganization Name | Date of Receipt | | | | | | |
| Mailing Address PO Be | ж 441146 | 08 / D D / Y Y Y Y 08 14 2023 | | | | | | | | |
| City West Somerville | | State MA | Zip Code 02144-0031 | Transaction ID : 4708855E | | | | | | |
| | | IVIA | 02144-0031 | Amount of Each Receipt this Period | | | | | | |
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| Name of Employer (for | Individual) | | upation (for Individual) duit total listed in Agg. field | X Memo Item | | | | | | |
| Receipt For: | | Aggregate | Year-to-Date 🔻 | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | | |
| Full Name of Individual (Last, First, Middle | Initial) or Full C | Organization Name | Date of Receipt | | | | | | |
| A. Stander, Janet, , , Mailing Address 20 W 64Th St | | | | | | | | | |
| | | 1 | 08 22 2023 | | | | | | |
| City New York | State NY | Zip Code 10023-7129 | Transaction ID : 4708880 | | | | | | |
| | | 10023-7129 | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 1500.00 | | | | | | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) ired | Memo Item | | | | | | |
| Receipt For: | Aggregate | Year-to-Date 🔻 | | | | | | | |
| Other (specify) | | 1500.00 | * Earmarked Contribution: See Below | | | | | | |
| Full Name of Individual (Last, First, Middle | Initial) or Full C | Organization Name | | | | | | | |
| B. ACTBLUE | | | Date of Receipt | | | | | | |
| Mailing Address PO Box 441146 | | Zin Codo | 08 / D D / Y Y Y Y 2023 | | | | | | |
| City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4708880E Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing federal political committee. | C co | 0401224 | 1500.00 | | | | | | |
| Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | × Memo Item | | | | | | |
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| Other (specify) ▼ | | 60666.00 | Note: Above Contribution earmarked through thi organization. | | | | | | |
| Full Name of Individual (Last, First, Middle C. | Initial) or Full C | Organization Name | Date of Receipt | | | | | | |
| Mailing Address | | | M = M / D = D / Y = Y = Y = Y | | | | | | |
| City | State | Zip Code | Amount of Each Receipt this Period | | | | | | |
| FEC ID number of contributing | | | | | | | | | |
| federal political committee. | | | | | | | | | |
| Name of Employer (for Individual) | Occ | upation (for Individual) | Memo Item | | | | | | |
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| TOTAL This Period (last page this line num | per only) | | 43851.00 | | | | | | |

| SCHEDULE A | (FEC Form 3X) |
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| Any information copied from such Reports a or for commercial purposes, other than usin | and Statements mang the name and a | ay not be sold or used by any p address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | |
| Tri-State Maxed-Out Wome | n | | | | | | | |
| Full Name of Individual (Last, First, Midd A. Baum, Judith, , , | lle Initial) or Full C | Organization Name | Date of Receipt | | | | | |
| Mailing Address 41 Woodland Rd | | | 08 08 / Y Y Y Y 2023 | | | | | |
| City | State NY | Zip Code | Transaction ID : 4706238 | | | | | |
| Glen Head | | 11545-2317 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | C | | 500.00 | | | | | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Memo Item | | | | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | | | | | | |
| Primary General Other (specify) ▼ | | 500.00 | * Earmarked Contribution: See Below | | | | | |
| Full Name of Individual (Last, First, Midd B. ACTBLUE | lle Initial) or Full C | Organization Name | Date of Receipt | | | | | |
| Mailing Address PO Box 441146 | | | 08 14 2023 | | | | | |
| City | State | Zip Code | Transaction ID : 4706238E | | | | | |
| West Somerville | MA | 02144-0031 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | Ссо | 0401224 | 500.00 | | | | | |
| Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | × Memo Item | | | | | |
| Receipt For: | Aggregate | Year-to-Date V | | | | | | |
| Primary General Other (specify) ▼ | | , 60666.00 | Note: Above Contribution earmarked through the organization. | | | | | |
| Full Name of Individual (Last, First, Midd C. Dubin, Susan, , , | lle Initial) or Full C | Organization Name | Date of Receipt | | | | | |
| Mailing Address 1 Madison Pl | | | 08 / 01 / Y Y Y Y 2023 | | | | | |
| City | State | Zip Code | Transaction ID : 4706229 | | | | | |
| Harrison | NY | 10528-1307 | Amount of Each Receipt this Period | | | | | |
| FEC ID number of contributing federal political committee. | С | | 2500.00 | | | | | |
| Name of Employer (for Individual) | Occ | upation (for Individual) | Memo Item | | | | | |
| Not Employed | | Employed | - | | | | | |
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| Primary General | 7.99109410 | | * Formarked Contribution: Soo Polow | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| NAME | OF COMMITTEE (In Full) | | | | | | | | | | | | |
| ∕ Tri-S | State Maxed-Out Women | | | | | | | | | | | | |
| Full Na | ame of Individual (Last, First, Middle Init | ial) or Full O | rganization Name | | Date of | . Do | - a a in | | | | | | |
| | Address PO Box 441146 | | | | | _ | | | | YY | V | | |
| | | | | | | 08 07 2023 | | | | | | | |
| City | Somerville | State MA | Zip Code | | | | | | 706229 | | | | |
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| | D number of contributing political committee. | C COO | 9401224 | ļļ | _ | | - | _ | | 2500 | 0.00 | | |
| Name | of Employer (for Individual) | | ipation (for Individual) duit total listed in Agg. field | | ×M | emo |) Ite | m | | | | | |
| Receip | | Aggregate | | | | | | | | | | | |
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| | ame of Individual (Last, First, Middle Init abach, Linda, , , | ial) or Full O | rganization Name | | Date of | Re | ceir | ot | | | | | |
| | Mailing Address 740 Park Ave | | | | | 08 22 2023 | | | | | | | |
| City | | State | | Transaction ID : 4713003 | | | | | | | | | |
| New Y | ork | NY 10021-4251 | | | | Amount of Each Receipt this Period | | | | | | | |
| | D number of contributing political committee. | C | | | 1000.00 | | | | | | | | |
| | of Employer (for Individual) nployed | Occ Artis | | Memo Item | | | | | | | | | |
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| | ame of Individual (Last, First, Middle Init BLUE | ial) or Full O | rganization Name | | Date of | Re | eceir | ot | | | | | |
| - | Mailing Address PO Box 441146 | | | | | | 08 28 2023 | | | | | | |
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| West | Somerville | MA | 02144-0031 | A | mount | t of | Ead | h Re | ceipt th | is Perio | d | | |
| | D number of contributing political committee. | C C00401224 Occupation (for Individual) Conduit total listed in Agg. field | | | | | y | | y | 1000 |).00 | | |
| Name | of Employer (for Individual) | | | | X Memo Item | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| Tri-State Maxed-Out Wom | en | | | | | | | | | |
| Full Name of Individual (Last, First, Mir A. Kagan, Sarah, , , | Date | Date of Receipt | | | | | | | | |
| Mailing Address 56 Brewster Rd | | | | | 08 03 2023 | | | | | |
| City | State | Zip Code | Trar | Isac | tion ID : 4 | 4706231 | | | | |
| Scarsdale | NY | 10583-2203 | Amou | nt of | Each Re | eceipt thi | s Period | | | |
| FEC ID number of contributing federal political committee. | C | | | | | | 500 | | | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | | Mem | o Item | | | | | |
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| Primary General Other (specify) ▼ | | 500.00 | * Earm | arke | d Contrib | ution: Se | e Below | | | |
| Full Name of Individual (Last, First, Mi ACTBLUE | ddle Initial) or Full O | rganization Name | Date | of R | eceipt | | | | | |
| Mailing Address PO Box 441146 | | | 08 | | D D 07 | / Y | y 2023 | Y | | |
| City | State Zip Code | | Trar | Transaction ID : 4706231E | | | | _ | | |
| West Somerville | MA | 02144-0031 | Amou | nt of | Each Re | eceipt thi | s Period | | | |
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| Name of Employer (for Individual) | | upation (for Individual) Iduit total listed in Agg. field | | | | | | | | |
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| Full Name of Individual (Last, First, Mic C. May, Leni, , , | ddle Initial) or Full O | rganization Name | Date | of R | eceipt | | | | | |
| Mailing Address 740 Park Ave | | | 08 | | 05 | | 2023 Y | Y | | |
| City Now York | State NY | Zip Code | | | tion ID : 4 | | | | | |
| New York | | 10021-4251 | Amou | nt of | Each Re | eceipt thi | s Period | | | |
| FEC ID number of contributing federal political committee. | C | | | | , | , | 1000. | 00 | | |
| Name of Employer (for Individual) Not Employed | | | | Mem | o Item | | | | | |
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| | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
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| | y information copied from such Reports and S for commercial purposes, other than using the | | | erson for the purpose of soliciting contributions |
| | NAME OF COMMITTEE (In Full) | | | |
| / | Tri-State Maxed-Out Women | | | |
| Α. | Full Name of Individual (Last, First, Middle Ini ACTBLUE | tial) or Full C | Organization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4706236E |
| | FEC ID number of contributing federal political committee. | | 0401224 | Amount of Each Receipt this Period |
| | Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | × Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through thi organization. |
| В. | Full Name of Individual (Last, First, Middle Ini Mayer, Shelley, , , | tial) or Full C | Organization Name | Date of Receipt |
| | Mailing Address 9 Inverness Rd | | | 08 18 2023 |
| | City Scarsdale | State NY | Zip Code 10583-3529 | Transaction ID : 4713000 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer (for Individual) NYS | | cupation (for Individual) te Senator | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | * Earmarked Contribution: See Below |
| С. | Full Name of Individual (Last, First, Middle Ini ACTBLUE | tial) or Full C | Organization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4713000E Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C co | 0401224 | 500.00 |
| | Name of Employer (for Individual) | | upation (for Individual) Iduit total listed in Agg. field | × Memo Item |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Other (specify) | | 60666.00 | Note: Above Contribution earmarked through the organization. |
| s | UBTOTAL of Receipts This Page (optional) | | •••••• | 500.00 |
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| | Detailed Summary Page | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | |
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| ny information copied from such Reports | and Statements may not be sold or used by any per | | | | |
| | ng the name and address of any political committee | | | | |
| NAME OF COMMITTEE (In Full) | | | | | |
| Tri-State Maxed-Out Wome | n | | | | |
| Full Name of Individual (Last, First, Mido | lle Initial) or Full Organization Name | | | | |
| McSweeney, Brette, , , | | Date of Receipt | | | |
| Mailing Address PO Box 20293 | | 08 03 2023 | | | |
| City | State Zip Code | Transaction ID : 4706233 | | | |
| New York | NY 10001-0003 | _ Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | 500.00 | | | |
| Name of Employer (for Individual) | Occupation (for Individual) | Memo Item | | | |
| Eleanor's Legacy | Non-Profit Admin | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | 7 | | | |
| Primary General | | * Earmarked Contribution: See Below | | | |
| Other (specify) | 500.00 | | | | |
| Full Name of Individual (Last, First, Midd ACTBLUE | lle Initial) or Full Organization Name | Date of Receipt | | | |
| Mailing Address PO Box 441146 | | M M / D D / Y | | | |
| City | State Zip Code | Transaction ID : 4706233E | | | |
| West Somerville | MA 02144-0031 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing | C C00401224 | 500.00 | | | |
| federal political committee. | C C00401224 | | | | |
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field | K Memo Item | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Primary General | | Note: Above Contribution earmarked throug | | | |
| Other (specify) v | 60666.00 | organization. | | | |
| Full Name of Individual (Last, First, Mido Narvs, Susan, , , | lle Initial) or Full Organization Name | Date of Receipt | | | |
| Narvs, Susan, , , Mailing Address 200 E 61St St | | 08 09 2023 | | | |
| City | State Zip Code | Transaction ID : 4706239 | | | |
| New York | NY 10065-8550 | Amount of Each Receipt this Period | | | |
| FEC ID number of contributing | | | | | |
| federal political committee. | C | 500.00 | | | |
| Name of Employer (for Individual) | Occupation (for Individual) | Memo Item | | | |
| Not Employed | Not Employed | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | |
| Other (specify) | 500.00 | * Earmarked Contribution: See Below | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED REC | EIPTS |

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| ••• | EMIZED RECEIPTS | | for each category of the Detailed Summary Page | 11a 11b 11c 12 13 14 15 16 X 17 |
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| | y information copied from such Reports and for commercial purposes, other than using th | | | erson for the purpose of soliciting contributions |
| \backslash | NAME OF COMMITTEE (In Full) | | | |
| $\big\rangle$ | Tri-State Maxed-Out Women | | | |
| Α. | Full Name of Individual (Last, First, Middle Ir ACTBLUE | nitial) or Full O | rganization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4706239E |
| | FEC ID number of contributing | | | Amount of Each Receipt this Period |
| | federal political committee. | C coo | 0401224 | 500.00 |
| | Name of Employer (for Individual) | | upation (for Individual) duit total listed in Agg. field | × Memo Item |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 60666.00 | Note: Above Contribution earmarked through the organization. |
| В. | Full Name of Individual (Last, First, Middle Ir O'Halloran, Michael, , , | nitial) or Full O | rganization Name | Date of Receipt |
| | Mailing Address 255 Broadway | | | 08 29 2023 |
| | City | State Zip Code | | Transaction ID : 4713005 |
| | Hastings On Hudson | NY | 10706-2906 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 5000.00 |
| | Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Memo Item |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 5000.00 | * Earmarked Contribution: See Below |
| с. | Full Name of Individual (Last, First, Middle Ir ACTBLUE | nitial) or Full O | rganization Name | Date of Receipt |
| | Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y 2023 |
| | City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4713005E Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | nmittee. | | 5000.00 |
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| | | Detailed Summary Page | 11a | 11b | 11c | 12 | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| Tri-State Maxed-Out Wome | n | | | | | | | | |
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name | | | | Date of Receipt | | | | | |
| Mailing Address 19 E 88Th St | | | 08 | / D D 13 | / Y | y y 2023 | Y | | |
| City | State | Zip Code | Transa | ction ID : 4 | 713008 | | | | |
| New York | NY | 10128-0557 | Amount o | of Each Re | eceipt thi | is Period | | | |
| FEC ID number of contributing federal political committee. | C | | | | | 500. | | | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Mer | mo Item | | | | | |
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| Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 | | | * Earmark | ed Contribu | ution: Se | e Below | | | |
| Full Name of Individual (Last, First, Midd B. ACTBLUE | lle Initial) or Full O | rganization Name | Date of I | Receipt | | | | | |
| Mailing Address PO Box 441146 | | | 08 / D D / Y Y Y Y 08 14 2023 | | | | | | |
| City | State | Zip Code | Transa | ction ID : 4 | 713008 | E | | | |
| West Somerville | MA | 02144-0031 | Amount of | of Each Re | eceipt thi | is Period | | | |
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| Name of Employer (for Individual) | | upation (for Individual) Iduit total listed in Agg. field | × Mer | no Item | | | | | |
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| Full Name of Individual (Last, First, Midd C. Paulin, Amy, , , | lle Initial) or Full O | rganization Name | Date of I | Receipt | | | | | |
| Mailing Address 12 Burgess Rd | | | M M 08 | / 03 | / Y | 2023 Y | Y | | |
| City | State | Zip Code | Transa | ction ID : 4 | 4706235 | | | | |
| Scarsdale | NY | 10583-4410 | Amount o | of Each Re | eceipt th | is Period | | | |
| FEC ID number of contributing federal political committee. | С | | | , . | 9 | 1000. | 00 | | |
| Name of Employer (for Individual) NYS | | upation (for Individual) embly Member | Mer | mo Item | | | | | |
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| Primary General Other (specify) | | 1000.00 | * Earmark | ed Contrib | ution: Se | e Below | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | | Use separate schedule(s) | (check only one) | | | |
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| | | for each category of the Detailed Summary Page | $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ | | | |
| Any information copied from such Reports and or for commercial purposes, other than using | d Statements m the name and a | I ay not be sold or used by any p address of any political committe | person for the purpose of soliciting contributions e to solicit contributions from such committee. | | | |
| NAME OF COMMITTEE (In Full) | | | | | | |
| Tri-State Maxed-Out Women | | | | | | |
| Full Name of Individual (Last, First, Middle A. ACTBLUE | Initial) or Full C | Organization Name | Date of Receipt | | | |
| Mailing Address PO Box 441146 | | | 08 07 2023 | | | |
| City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4706235E Amount of Each Receipt this Period | | | |
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| Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | × Memo Item | | | |
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| Full Name of Individual (Last, First, Middle B. Pensky, Carol, , , | Initial) or Full C | Organization Name | Date of Receipt | | | |
| Mailing Address 4821 W St NW | | | 08 12 2023 | | | |
| City Washington | State DC | Zip Code 20007-1519 | Transaction ID : 4713007 Amount of Each Receipt this Period | | | |
| FEC ID number of contributing federal political committee. | C | | 1000.00 | | | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Memo Item | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | * Earmarked Contribution: See Below | | | |
| Full Name of Individual (Last, First, Middle C. ACTBLUE | Initial) or Full C | Organization Name | Date of Receipt | | | |
| Mailing Address PO Box 441146 | 1 | | 08 / D D / Y Y Y Y 2023 | | | |
| City West Somerville | State MA | Zip Code 02144-0031 | Transaction ID : 4713007E Amount of Each Receipt this Period | | | |
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| Name of Employer (for Individual) | | upation (for Individual) Iduit total listed in Agg. field | X Memo Item | | | |
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| ITENIZED RECEIPTS | 2 | | for each category of the | | 11a | | 11b | 11c | | 12 | | | | | | | |
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| \setminus NAME OF COMMITTEE (In | Full) | | | | | | | | | | | | | | | | |
| / Tri-State Maxed-O | ut Women | | | | | | | | | | | | | | | | |
| A. Radin, Erika, , , | , | nitial) or Full Organization Name | | | | | Date of Receipt | | | | | | | | | | |
| Mailing Address 16 Lockwo | od Rd | | | | 08 03 2023 Transaction ID : 4706232 | | | | | | | | | | | | |
| City | | State | Zip Code | | | | | | | | | | | | | | |
| Scarsdale | | NY | 10583-5302 | Amount of Each Receipt this Period | | | | | | | | | | | | | |
| FEC ID number of contribut federal political committee. | ing | | | 500.00 | | | | | | | | | | | | | |
| Name of Employer (for Indiv Not Employed | <i>v</i> idual) | Occupa Not Em | tion (for Individual) ployed | Memo Item | | | | | | | | | | | | | |
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| Primary Gen Other (specify) ▼ | | 500.00 | * | * Earmarked Contribution: See Below | | | | | | | | | | | | | |
| Full Name of Individual (Las B. ACTBLUE | st, First, Middle Initial) c | or Full Orga | nization Name | | Date of | Re | ceipt | | | | | | | | | | |
| Mailing Address PO Box 44 | 1146 | | | | M M M M M M Y | | | | | | | | | | | | |
| City | S | State | Zip Code | | | | | | | | | | | | | | |
| West Somerville | | MA | 02144-0031 | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | | 1224 | | 500.00 | | | | | | | | | | | | |
| Name of Employer (for Indi | vidual) | Occupa Condu | | X Memo Item | | | | | | | | | | | | | |
| Receipt For: | Aq | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | |
| Primary General Other (specify) ▼ | | 60666.00 | | | | | Note: Above Contribution earmarked through th organization. | | | | | | | | | | |
| Full Name of Individual (Las C. Siskind, Amy, , , | st, First, Middle Initial) c | or Full Orga | nization Name | | Date of | Re | ceipt | | | | | | | | | | |
| Mailing Address 4 Skibo Ln | | | | | 08 ^M | / | 05 | | | 023 [°] | Y | | | | | | |
| City | | State | Zip Code | | Trans | acti | ion ID : | 470623 | 37 | | | | | | | | |
| Mamaroneck | | NY | 10543-4721 | / | Amount | of | Each F | Receipt | this F | Period | | | | | | | |
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| Name of Employer (for Indiv Self Employed | /idual) | Occupa Consult | tion (for Individual) ant | | M | emo | Item | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| ITEMIZED RECEIPTS | for each category of the Detailed Summary Page | 11a 11b 11c 12 13 14 15 16 X 17 |
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| or for commercial purposes, other than us | and Statements may not be sold or used by any p sing the name and address of any political committee | |
| NAME OF COMMITTEE (In Full) Tri-State Maxed-Out Wome | en | |
| Full Name of Individual (Last, First, Mic A. ACTBLUE | dle Initial) or Full Organization Name | Date of Receipt |
| Mailing Address PO Box 441146 | State Zip Code | 08 / D D / Y Y Y Y 2023 |
| West Somerville | MA 02144-0031 | Transaction ID : 4706237E Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C C00401224 | 500.00 |
| Name of Employer (for Individual) | Occupation (for Individual) Conduit total listed in Agg. field | X Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through this organization. |
| Full Name of Individual (Last, First, Mic B. Tenney, Alice, , , | dle Initial) or Full Organization Name | Date of Receipt |
| Mailing Address 42 Country Rd | | M M / D / Y |
| City Mamaroneck | StateZip CodeNY10543-1110 | Transaction ID : 4706230 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer (for Individual) Not Employed | Occupation (for Individual) Not Employed | Memo Item |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | * Earmarked Contribution: See Below |
| Full Name of Individual (Last, First, Mic ACTBLUE | Idle Initial) or Full Organization Name | Date of Receipt |
| Mailing Address PO Box 441146 | | M M / D D / Y Y Y Y 08 07 2023 |
| City West Somerville | StateZip CodeMA02144-0031 | Transaction ID : 4706230E Amount of Each Receipt this Period |
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| SCHEDULE A | (FEC Form 3X) |
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| | | for each category of the Detailed Summary Page | | | | | | | | | | | |
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| | | | 13 14 15 16 X 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| Tri-State Maxed-Out Wome | n | | | | | | | | | | | | |
| Full Name of Individual (Last, First, Midd A | le Initial) or Full C | organization Name | Date of Receipt | | | | | | | | | | |
| Mailing Address 400 E 56Th St Apt 25H City | State | Zip Code | 08 / 15 / 2023 Transaction ID : 4708874 | | | | | | | | | | |
| New York | NY | 10022-4339 | Amount of Each Receipt this Period | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | С | | 1000.00 | | | | | | | | | | |
| Name of Employer (for Individual) Not Employed | | upation (for Individual) Employed | Memo Item | | | | | | | | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | * Earmarked Contribution: See Below | | | | | | | | | | |
| Full Name of Individual (Last, First, Midd ACTBLUE | Date of Receipt | | | | | | | | | | | | |
| Mailing Address PO Box 441146 | | | M M M P D I Y | | | | | | | | | | |
| City West Somerville | State MA | Zip Code 02144-0031 | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C co | 0401224 | 1000.00 | | | | | | | | | | |
| Name of Employer (for Individual) | | upation (for Individual) nduit total listed in Agg. field | × Memo Item | | | | | | | | | | |
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| Full Name of Individual (Last, First, Midd C. Yanofsky, Nancy, , , | le Initial) or Full C | organization Name | Date of Receipt | | | | | | | | | | |
| Mailing Address 2500 S Ocean Blvd | | | 08 / D D / Y Y Y Y 23 2023 | | | | | | | | | | |
| City Palm Beach | State FL | Zip Code 33480-5470 | Transaction ID : 4713001 | | | | | | | | | | |
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| Name of Employer (for Individual) Not Employed | Occ Reti | upation (for Individual) red | Memo Item | | | | | | | | | | |
| Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 1000.00 | * Earmarked Contribution: See Below | | | | | | | | | | |
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| SCHEDULE A | (FEC Form 3X) |
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| or for commercial purposes | s, other than using the name and | | rson for the purpose of soliciting contributions to solicit contributions from such committee. | | | | | | | | | |
| NAME OF COMMITTEE | · · · · | | | | | | | | | | | |
| Full Name of Individual ACTBLUE Mailing Address PO Boz City West Somerville | (Last, First, Middle Initial) or Full < 441146 State MA | Zip Code 02144-0031 | Date of Receipt 08 / 28 / 2023 Transaction ID : 4713001E Amount of Each Receipt this Period | | | | | | | | | |
| FEC ID number of contr federal political committe Name of Employer (for | ee. | 00401224 cupation (for Individual) | X Memo Item | | | | | | | | | |
| Receipt For: Primary Other (specify) ▼ | | nduit total listed in Agg. field e Year-to-Date ▼ 60666.00 | Note: Above Contribution earmarked through this organization. | | | | | | | | | |
| Full Name of Individual Mailing Address | (Last, First, Middle Initial) or Full | Organization Name | Date of Receipt | | | | | | | | | |
| City FEC ID number of contr federal political committe | | Zip Code | Amount of Each Receipt this Period | | | | | | | | | |
| Name of Employer (for | | cupation (for Individual) | Memo Item | | | | | | | | | |
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| Full Name of Individual Mailing Address | (Last, First, Middle Initial) or Full | Organization Name | Date of Receipt | | | | | | | | | |
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| | CHEDULE B (FEC Form 3X) | Use sepa | | | | NUMBER: PAGE 36 OF 48 | | | | | | | | | | | |
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| ITEMIZED DISBURSEMENTS | | for each category of the Detailed Summary Page | | | | k only 21b 28a | ^2 | $\begin{array}{c c} 22 \\ 28b \end{array} \begin{array}{c} 23 \\ 28c \end{array} \begin{array}{c} 26 \\ 29 \end{array}$ | | | | | | 27 30b | | | |
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| \setminus | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | | | | | | | | f Di | sburs | ser | nen | t | | | | |
| | Mailing Address PO Box 441146 | | | | | | 08 07 2023 | | | | | | | | | | |
| | | | | | | | FEC Identification Number | | | | | | | | | | |
| | City West Somerville | State MA | Zip Code 02144-0031 | | | | | | | | | | | | | | |
| | Purpose of Disbursement | | 02111 0001 | _ | _ | | | | | | | | | | | | |
| | PAC Credit Card Processing Fee | | | | | | U | Tre | 1 m | 1. A | | 1.0 | 500 | 1265 | 70 | | |
| | Candidate Name | | I | Cate | | ry/ | Transaction ID : 500136578 Amount of Each Disbursement this Period | | | | | | | | | | |
| | Office Sought: House Disburse | ment For: | | Ţ | ype | | 80.98 | | | | | | | | | | |
| | Senate Setup 1 | Primary | General | | | | 7 7 7 | | | | | | | | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | |
| В. | ActBlue Technical Services | | | | | | | Date of Disbursement | | | | | | | | | |
| | Mailing Address PO Box 441146 | | | | | | 08 14 2023 | | | | | | | | | | |
| | City | State | Zip Code | | | | FEC Identification Number | | | | | | | | | | |
| | West Somerville Purpose of Disbursement | IVIA | MA 02144-0031 | | | | | - | 000 | 104 | ~~ | | - | - | - | | |
| | PAC Credit Card Processing Fee | | Categ | | | | С | _ | 1 m | 04012 | - | 1. | | | _ | | |
| | Candidate Name | | | | | ry/ | Transaction ID : 500136579 Amount of Each Disbursement this Period | | | | | | | | | | |
| | Office Sought: House Disburse | ment For: | | 1900 | | | | | | | | | | | 758.4 | | |
| | Senate | Primary | General | | | | _ | | | / | | | | | | | |
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| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | | | | |
| C. | ActBlue Technical Services | | | | | | | | _ | sburs | | - | t | | | | |
| | Mailing Address PO Box 441146 | | | | | | | | | | | | | | 023 | Y | |
| | City | State | Zip Code | | | | FE | D Id | lenti | ficatio | on | Nu | mb | ər | | | |
| | West Somerville | MA | 02144-0031 | | | | | | | | | | | - | - | | |
| | Purpose of Disbursement PAC Credit Card Processing Fee | | | | | | С | Ļ. | | 0401: | | 1. | | 4.0.00 | | | |
| | Candidate Name Category/ | | | | | | Transaction ID : 500136580 Amount of Each Disbursement this Period | | | | | | | | | | |
| | Office Sought: House Disburse | Office Sought: House Disbursement For: | | | | | | 148.15 | | | | | | | | | |
| | Senate Primary General President Other (specify) ▼ State: District: | | | | | | | | | 7 | | | | | 1 40 | | |
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| IT | EMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | | | | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | |
| | Tri-State Maxed-Out Women | | | | | |
| A. | Full Name (Last, First, Middle Initial) ActBlue Technical Services | | | | | Date of Disbursement |
| | Mailing Address PO Box 441146 | | | | | 08 28 2023 |
| | City | State | Zip Code | | | |
| | West Somerville | MA | 02144-0031 | | | FEC Identification Number |
| | Purpose of Disbursement | | | - | - | C C00401224 |
| | PAC Credit Card Processing Fee | | | | | Transaction ID : 500136581 |
| | Candidate Name | | | | egory ype | |
| | | ment For: | | | ype | 119.10 |
| | Senate President | Primary Other (spec | General cify) ▼ | | | Memo Item |
| | State: District: | 4 | | | | |
| В. | Full Name (Last, First, Middle Initial) ActBlue Technical Services | | | | | Date of Disbursement |
| | Mailing Address PO Box 441146 | | 08 31 2023 | | | |
| | City West Somerville | State MA | Zip Code 02144-0031 | | | FEC Identification Number |
| | Purpose of Disbursement | | 02144 0001 | | | C C00401224 |
| | PAC Credit Card Processing Fee | | | | | |
| | Candidate Name | | \ | | egory ype | Transaction ID : 500136582 // Amount of Each Disbursement this Period |
| | | ment For: | | •. | , | 533.25 |
| | Senate President | Primary Other (spec | General Cify) | | | Memo Item |
| | State: District: | | | | | |
| C. | Full Name (Last, First, Middle Initial) Chase Bank | | | | | Date of Disbursement |
| | Mailing Address 270 Park Ave | | | | | 08 03 2023 |
| | City | State | Zip Code | | | |
| | New York | NY | 10017-2014 | | | FEC Identification Number |
| | Purpose of Disbursement | - | C | | | |
| | PAC Bank Fees Candidate Name | | | Cat | aon | Transaction ID : 500136574 Amount of Each Disbursement this Period |
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| | Office Sought: House Disburse Senate | ment For: Primary | General | | | 20.00 |
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| $ \rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | |
| | Tri-State Maxed-Out Women | | | | | | | | |
| ~ | Full Name (Last, First, Middle Initial) | | | | Date of Disbursement | | | | |
| Α. | Curb Mobility LLC | | | | | | | | |
| | Mailing Address 1111 34Th Ave | | | | 08 / D1 / Y1Y1Y 2023 | | | | |
| | City Long Island City | State NY | Zip Code 11106-4923 | | FEC Identification Number | | | | |
| | Purpose of Disbursement | | 11100-4923 | | 0 | | | | |
| | PAC Travel Expense | | | | C | | | | |
| | Candidate Name | | | Catagony/ | Transaction ID : 500136588 Amount of Each Disbursement this Period | | | | |
| | | | | Category/ Type | | | | | |
| | Office Sought: House Disburse | ement For: | I | | 18.48 | | | | |
| | Senate | Primary | General | | | | | | |
| | State: District: | Other (spec | cify) 🔻 | | Memo Item | | | | |
| | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) | | | | Date of Disbursement | | | | |
| υ. | Curb Mobility LLC | | | | | | | | |
| | Mailing Address 1111 34Th Ave | 08 03 2023 | | | | | | | |
| | City | State | Zip Code | | FEC Identification Number | | | | |
| | Long Island City | NY | 11106-4923 | | FEC Identification Number | | | | |
| | Purpose of Disbursement | | | | С | | | | |
| | PAC Travel Expense Candidate Name | | | | Transaction ID : 500136589 | | | | |
| | | | | Category/ | Amount of Each Disbursement this Period | | | | |
| | Office Sought: House Disburse | ment For: | | Туре | 17.64 | | | | |
| | Senate | Primary | General | | | | | | |
| | President | Other (spec | cify) | | Memo Item | | | | |
| | State: District: | 1 | | | | | | | |
| - | Full Name (Last, First, Middle Initial) | | | | | | | | |
| C. | Curb Mobility LLC | | | | Date of Disbursement | | | | |
| | Mailing Address 1111 34Th Ave | | | | 08 07 2023 | | | | |
| | City | State | Zin Codo | | | | | | |
| | City Long Island City | State NY | Zip Code 11106-4923 | | FEC Identification Number | | | | |
| | Purpose of Disbursement | <u> </u> | | | С | | | | |
| | PAC Travel Expense | | | | Transaction ID : 500136590 | | | | |
| | Candidate Name | me | | Category/ Type | Amount of Each Disbursement this Period | | | | |
| | Office Sought: House Disburse | ement For: | | iyhe | 33.24 | | | | |
| | Senate | Primary | General | | | | | | |
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| Tri-State Maxed-Out Women | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Data | of D | iohuro | | nt | | | |
| Curb Mobility LLC | | | | | | | | isburs | | _ | | | |
| Mailing Address 1111 34Th Ave | | | | | | | | 08 / D D / Y Y Y Y 2023 | | | | | |
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| Long Island City Purpose of Disbursement | NY | 11106-4923 | | | | | | | - | | | - T | |
| PAC Travel Expense | | | | | | С | | | | | | _ | |
| Candidate Name | | I | <u> </u> | - | _ | | | | | : 5001 | | | - vi - el |
| - | | | | egory ype | // | Amo | μητ Ο | ∟acn | I DIS | sourse | ment | this Pe | enoa |
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| Senate | Primary | General | | | | | | , | | | | | |
| President | Other (spe | ecify) 🔻 | | | | | Nemo | Item | | | | | |
| State: District: | | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. Disketsin Sudalaku, Marsia | | | | | | Date | of D | isburs | eme | nt | | | |
| Dickstein Sudolsky, Marcia, , , | | | | | | M M / D D / Y Y Y Y | | | | | | | |
| Mailing Address 445 Park Ave | 445 Park Ave | | | | | 08 01 2023 | | | | | | | |
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| New York | NY | 10022-2606 | | | | - | | | | | | - | |
| Purpose of Disbursement PAC Reimbursement - See Below if Itemized | | | | | | С | | | | | | _ | |
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| Senate | Primary | General | | | | | | | | | | | |
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| Dickstein Sudolsky, Marcia, , , | | | | | | М | M | D | D | 1 | Y Y | Y | |
| Mailing Address 445 Park Ave | | | | | | 08 | 3 | 2 | 23 | L | 20 |)23 | |
| City | State | Zip Code | | | | EEO | Idam | ificatio | 00 N | lumber | r | | |
| New York | NY | 10022-2606 | | | | FEU | iden | meatic | лті | lumbe | | | |
| Purpose of Disbursement | | | | | | С | | | | | | | |
| PAC Reimbursement - See Below if Itemized | Candidate Name | | | | | Transaction ID : 500136616 Amount of Each Disbursement this Period | | | | | | | |
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| Office Sought: House Disburs | ement For: | | | ype | | | | | | | | 88.85 | |
| Senate | Primary | General | | | | | | - | | - | | 1.000 | |
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| or for commercial purposes, other than using the na | ime and addi | ress of any politica | al com | mittee | to solicit contributions from such commi | ttee. | | | | | |
| Tri-State Maxed-Out Women | | | | | | | | | | | |
| | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Sudolsky, Brian, , , | | | | | Date of Disbursement | | | | | | |
| Mailing Address 131 E 93Rd St Apt 1CD | | | | | 08 23 2023 | | | | | | |
| City | State | Zip Code | | | FEC Identification Number | | | | | | |
| New York | NY | 10128-1606 | | | | | | | | | |
| Purpose of Disbursement | | I | | - | C | | | | | | |
| PAC Event Staffing | | | | | Transaction ID : 500136615 | | | | | | |
| Candidate Name | Category. Type | | | | | | | | | | |
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| Senate | Primary | General | | | * | | | | | | |
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| Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| B. Dickstein Sudolsky, Marcia, , , | | | | | Date of Disbursement | Y | | | | | |
| Mailing Address 445 Park Ave | 08 31 2023 | | | | | | | | | | |
| City | State NY | Zip Code 10022-2606 | | | FEC Identification Number | | | | | | |
| New York Purpose of Disbursement | | | | | | | | | | | |
| PAC Administrative Services | | | | | С | | | | | | |
| Candidate Name | | | Cate | | Transaction ID : 500136611 Amount of Each Disbursement this Period | | | | | | |
| Office Sought: House Disburse | ement For: | | Ту | pe | 6250. | 00 | | | | | |
| Senate | Primary | General | | | | | | | | | |
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| Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| ^{C.} Howe, Nora, , , | | | | | Date of Disbursement | | | | | | |
| Mailing Address 113 Mott St Apt 4R | | | | | 08 / D D / Y Y Y 2023 | - Y | | | | | |
| City | State | Zip Code | | | FEC Identification Number | | | | | | |
| New York | NY | 10013-4634 | | | | | | | | | |
| Purpose of Disbursement PAC Administrative Services | | | | | C Transaction ID : 500136604 | | | | | | |
| Candidate Name | | | | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | |
| ⁷ Tri-State Maxed-Out Women | | | | | | | | | | | |
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| Howe, Nora, , , | | | | | | | | | | | |
| Mailing Address 113 Mott St Apt 4R | | | | | 08 28 2023 | | | | | | |
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| Candidate Name | | | Catego | orv/ | | | | ID : 500 Disburs | |)6 this Perio | |
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| Senate | Primary | General | | | | | - | 7 | | | |
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| Mailing Address 1280 Lexington Ave | | | 08 | | 2 | В | 20 | 023 | | | |
| City | State | Zip Code | | | FEC Id | entifi | catior | Numb | er | | |
| New York | NY | 10028-2105 | | | _ | | | | | - | |
| Purpose of Disbursement | | | | С | | | | _ | _ | | |
| PAC Fundraising Event Expense Candidate Name | | | | Transaction ID : 500136605 Amount of Each Disbursement this Per | | | | | - | | |
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| Senate | Primary | General | | | | | | | _ | | |
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| State: District: | | | | | × Me | mo l | tem | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | |
| Lee Morea, David, , , | | | | | Date of | f Dis | burse | | YY | YY | |
| Mailing Address 339 E 94Th St Apt 6C | | | | | 08 | | 90 | 3 | | 023 | |
| City | State | Zip Code | | | FEC Id | entifi | cation | Numb | er | | |
| New York | NY | 10128-4720 | | | | Gritin | Sanor | | | - | |
| Purpose of Disbursement | | | | | С | | _ | | _ | . | |
| PAC Event Staffing | | | | | Tra | ansa | ction | ID : 500 | 013659 | 94 | |
| Candidate Name | | | Catego | | Amoun | t of E | Each | Disburs | ement | this Peric | |
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| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | |
| | Tri-State Maxed-Out Women | | | | | | | | | | | | | |
| • | Full Name (Last, First, Middle Initial) | | | | | | Data | -4 D | | | | | | |
| Α. | Political Compliance Management S | ervices, L | LC | | | | Date | | sburse | | ιτ / Υ | Y | Y | Y |
| | Mailing Address 910 17Th St NW Ste 925 | | | | | | 08 | | | 8 | L | | 023 | |
| | City | State | Zip Code | | | | FEC I | dent | ificatio | n Nu | umber | | | |
| | Washington Purpose of Disbursement | DC | 20006-2641 | | | | 0 | - | | - | | | | |
| | PAC Accounting Services | | | | | | С | | | | | | | |
| | Candidate Name | | L | Cat | | , | | | action | | | | 1 0 : this P | ariad |
| | | | | Cate | egory ype | / | Amou | | Each | DISL | Juisei | nem | . uns r | enou |
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| | Senate | Primary Other (and | General | | | | | | | | | | | |
| | State: District: | Other (spec | city) 🔻 | | | | M | emo | Item | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | | |
| В. | Richard Salome Flowers, Inc | | | | sburse | | nt | | | | | | | |
| | Mailing Address 1435 Lexington Ave | 1435 Lexington Ave | | | | | | 08 28 2023 | | | | | | |
| | City | State NY | Zip Code | | | | FEC I | dent | ificatio | n Nı | umber | | | |
| | New York Purpose of Disbursement | INT | 10128-1625 | | | | \mathbf{c} | 1 | | | | | | |
| | PAC Fundraising Event Expense | | | | | 11 | С | | | | | | | |
| | Candidate Name | | | | egory | / | | | action Each | | | | this P | eriod |
| | Office Sought: House Disburse | ment For: | | Ŋ | ype | | | | | | | | 290.7 |) |
| | Senate | Primary | General | | | | | | - | - | | | 1 40 | |
| | President | Other (spec | cify) | | | | | مسم | Item | | | | | |
| _ | State: District: | 1 | | | | | | enio | item | | | | | |
| C. | Full Name (Last, First, Middle Initial) | | | | | | Date | of Di | sburse | mor | h | | | |
| 0. | Stanton, James, , , | | | | | | M | _ | | D | / Y | Y | Y | Y |
| | Mailing Address 235 E 22Nd St # 15HI | | | | | | 08 | | | 1 | | | 023 | |
| | City | State | Zip Code | | | | FECT | dent | ificatio | n Ni | imhor | | | |
| | New York | NY | 10010-4616 | | | | С | aont | moutio | | | - | - | |
| | Purpose of Disbursement PAC Graphic Design | | | | | | | | | | | | | |
| | Candidate Name Category/ | | | | | | Transaction ID : 500136599 Amount of Each Disbursement this Per | | | | | | | eriod |
| | Office Sought: House Disburse | ment For: | | Ty | ype | | | | | | | | 150.0 | 0 |
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| SCHEDULE B (FEC Form 3X) | | | FC | DR I I | NE N | | : | | P | AGE | 43 OF | - 48 |
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| ITEMIZED DISBURSEMENTS | | arate schedule(s) | - | | | y one) | | | | | | |
| | | category of the Summary Page | | 2 | 1b | 22 | X | 23 | 26 | | 27 | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| / Tri-State Maxed-Out Women | | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | Data o | f Diel | hureou | mont | | | |
| A. DEBBIE WASSERMAN SCHULTZ | FOR CO | NGRESS | | | | Date of Disbursement | | | | | | |
| Mailing Address 1071 Twin Branch Ln | Address 1071 Twin Branch Ln | | | | | | 08 21 2023 | | | | | |
| City | State FL | Zip Code | | | | FEC Id | entifi | cation | Numb | ər | | |
| Weston Purpose of Disbursement | | 33326-2828 | | | | \mathbf{c} | 000 | 00577 | 0 | | - T | |
| Contribution | | | | | 11 | С | C00; | 38577 | 3 | | _ | |
| Candidate Name | | | <u> </u> | | | | | | ID : 500 | | | |
| Wasserman Schultz, Debbie, , , | | | Cate | egory. /pe | | Amoun | tofe | ach | Disburs | ement | this Pe | riod |
| | sement For: | 2024 | i y | po | _ | | | | | 1 | 000.00 | |
| Senate | K Primary | General | | | | | | | | | | |
| State: FL District: 23 | Other (spe | ecify) 🔻 | | | | Me | mo l | tem | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| ^{B.} LIZ FOR NY | | | | | | Date o | f Disl | bursei | ment | | | |
| | | M M | / | D | | | Y Y | 1 | | | | |
| Mailing Address PO Box 733 | | 08 | | 30 |) | 20 | 023 | _ | | | | |
| City | State | Zip Code | | | | FEC Id | entifi | cation | Numb | ər | | |
| Goldens Bridge Purpose of Disbursement | NY | 10526-0733 | | C C00838599 | | | | | | | | |
| Contribution | | | | | 11 | С | C008 | 33859 | 9 | | _ | |
| Candidate Name | | | | | 4.1 | | | | D : 500 | | | |
| GEREGHTY, ELIZABETH, , , | | | | egory. /pe | | Amoun | tofE | ach | Disburs | ement | this Pe | riod |
| | sement For: | 2024 | Ty | he | _ | | | | | 2 | 2500.00 | |
| | Primary | General | | | | | | | 7 | - | | - H. |
| President | Other (spe | | | | | — | | | | | | |
| State: NY District: 17 | | , , , , , , , , , , , , , , , , , , , | | | | Me | mo l | tem | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. SABINA FOR RI | | | | | | Date o | f Disl | bursei | ment | | | |
| Mailing Addross 1 Park Paw | | | | | _ | M M 08 | / | D 21 | | |)23 | 1 |
| Mailing Address 1 Park Row Ste 5 | | | | | | 00 | 1 | | - 1 | 20 | 0 | 1 |
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| Providence | RI | 02903-1235 | | | | С | | | | | - | |
| Purpose of Disbursement | | | | | | | C00 | 83517 | 3 | | | |
| Contribution | didata Nama | | | | | Tra | ansa | ction | ID : 500 | 13662 | 22 | |
| | | | Cate | gory | | Amoun | t of E | Each | Disburs | ement | this Pe | riod |
| MATOS, SABINA, , , Office Sought: Y House Disburs | sement For: | 2022 | Ty | /pe | _ | | | | | 5 | 5000.00 | |
| Senate | Primary | General | | | | | | | - 7 | | | - I. |
| President | C Other (spe | | | | | | | | | | | |
| State: RI District: 01 | | Special Primary | , | | | Me | mo l | tem | | | | |
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| SUBTOTAL of Disbursements This Page (optional |) | | | 1 | | | | <u>.</u> | | | 8500.00 |) |
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| SCHEDULE B (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 44 OF (check only one) | | | | | | |
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| Any information copied from such Reports and State or for commercial purposes, other than using the na | | | d by a | ny perso | | | | | |
| NAME OF COMMITTEE (In Full) | | | | | | | | | |
| / Tri-State Maxed-Out Women | | | | | | | | | |
| Full Name (Last, First, Middle Initial) A. Carosella, Joan, , , | | | | | Date of Disbursement | | | | |
| Mailing Address 7971 Fisher Island Dr | | | | | 08 / 14 / 2023 | | | | |
| City Miami | State FL | Zip Code 33109-1039 | | | FEC Identification Number | | | | |
| Purpose of Disbursement | | | - | | С | | | | |
| Refund of 7/31/23 Contribution | | | | | | | | | |
| Candidate Name | | | Categ Typ | | Transaction ID : 500136576 Amount of Each Disbursement this Period | | | | |
| Senate | ment For: Primary | General | - 7 P | | 1200.00 | | | | |
| State: District: | Other (spec | ciry) ▼ | | | Memo Item | | | | |
| Full Name (Last, First, Middle Initial) | Name (Last, First, Middle Initial) | | | | | | | | |
| Mailing Address | | | | | | | | | |
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| Candidate Name | Indidate Name | | | jory/ be | Amount of Each Disbursement this Period | | | | |
| Office Sought: House Disburse Senate President | ment For: Primary Other (spec | General | | | | | | | |
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| ITE | EMIZED DISBURSEMENTS | for each | arate schedule(s) category of the | (check only | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | |
| | Tri-State Maxed-Out Women | | | | |
| | Full Name (Last, First, Middle Initial) | | | | |
| Α. | ActBlue Technical Services | | | | Date of Disbursement |
| | Mailing Address PO Box 441146 | | | | M M / D D / Y |
| | City | State | Zip Code | | FEC Identification Number |
| | West Somerville | MA | 02144-0031 | | |
| | Purpose of Disbursement Non-Contribution Account PAC Credit Card Proces | noing Eoo | | | C C00401224 |
| | Candidate Name | ssing ree | | | Transaction ID : 500136583 |
| | ActBlue Technical Services | | | Category/ Type | Amount of Each Disbursement this Period |
| | Office Sought: House Disburse | ment For: | | 71 | 276.50 |
| | Senate | Primary | General | | |
| | President | Other (spec | cify) 🔻 | | Memo Item |
| | State: District: | | | | |
| B. | Full Name (Last, First, Middle Initial) | | | | Date of Disbursement |
| υ. | ActBlue Technical Services | | | | |
| | Mailing Address PO Box 441146 | | | 08 14 2023 | |
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| | West Somerville Purpose of Disbursement | MA | 02144-0031 | | |
| | Non-Contribution Account PAC Credit Card Proce | ssina Fee | | | C C00401224 |
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| | ActBlue Technical Services | | | Type | Amount of Each Disburschicht this i chou |
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| C. | ActBlue Technical Services | | | | Date of Disbursement |
| | Mailing Address PO Box 441146 | | | | 08 21 2023 |
| | Maining Address FO Box 441140 | | | | 2020 |
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| | West Somerville Purpose of Disbursement | MA | 02144-0031 | | 0 000404004 |
| | Non-Contribution Account PAC Credit Card Proces | | C C00401224 | | |
| | Candidate Name | 0 | | Category/ | Transaction ID : 500136585 Amount of Each Disbursement this Period |
| | ActBlue Technical Services | | | Type | |
| | | ment For: | | | 57.25 |
| | President | Primary Other (and | General | | 8 |
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| S | CHEDULE B (FEC Form 3X) | | | FC | DR L | INE 1 | NUMBER: | | P | AGE | 46 OF | - 48 | |
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| IT | EMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | | | neck | only | one) | | | | | | |
| | | | Summary Page | | | 21b | 22 | 23 | 26 | | 27 20h | | |
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| | ny information copied from such Reports and State for commercial purposes, other than using the nat | | | | | | | | | | | | |
| $ \setminus$ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| | Tri-State Maxed-Out Women | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | D: 1 | | | | | |
| Α. | ActBlue Technical Services | | | | | | Date of I | Disburse | ement | | | | |
| | Mailing Address PO Box 441146 | | | | | | 08 | / D | 28 | | 023 | | |
| | City | State | Zip Code | | | | FEC Ider | ntificatio | n Numbe | r | | | |
| | West Somerville Purpose of Disbursement | MA | 02144-0031 | | | | | | | | - | | |
| | Non-Contribution Account PAC Credit Card Proces | ssing Eoo | | | | 11 | U | 004012 | | | | | |
| | Candidate Name | ssing ree | L | | | | | | ID : 500 | | | | |
| | ActBlue Technical Services | | | | egory. /pe | // | Amount of | of Each | Disburse | emen | t this Pe | eriod | |
| | Office Sought: House Disburse | ment For: | | ., | | | 1 | | | | 79.00 | · | |
| | Senate | Primary | General | | | | | | | | 1 40 | | |
| | President | Other (spec | cify) ▼ | | | | Mem | no Item | | | | | |
| _ | State: District: | | | | | | | | | | | | |
| в. | Full Name (Last, First, Middle Initial) | | | | | | Date of I | Diebure | mont | | | | |
| υ. | ActBlue Technical Services | | | | | | | | | | YY | | |
| | Mailing Address PO Box 441146 | s PO Box 441146 | | | | | | 08 31 2023 | | | | | |
| | City | State | Zip Code | | | | FEC Ider | ntificatio | n Numbe | r | | | |
| | West Somerville | MA | 02144-0031 | | | | | | | | | | |
| | Purpose of Disbursement | : - | | | | 11 | C c | 004012 | 24 | | | | |
| | Non-Contribution Account PAC Credit Card Proce Candidate Name | ssing Fee | I. | | | | | | ID : 500 | | | | |
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| | Senate | Primary | General | | | | | | | | 1 40 | | |
| | President | Other (spec | cify) | | | | Mem | no Item | | | | | |
| | State: District: | | | | | | | | | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | | | | | |
| C. | Dickstein Sudolsky, Marcia, , , | | | | | | Date of I | Disburse | ement | | | | |
| | Mailing Address 445 Park Ave | | | | | | 08 | | 3 | | 023 | | |
| | City | State | Zip Code | | | | | | | | | | |
| | New York | NY | 10022-2606 | | | | FEC Ider | ntificatio | n Numbe | r | _ | | |
| | Purpose of Disbursement | | С | | | | | | | | | | |
| | Non Contribution Account PAC Reimbursement - S | | | saction | ID : 500 | 1366 | 19 | | | | | | |
| | Candidate Name | | | | gory | // | Amount of Each Disbursement this Period | | | | | | |
| | Office Sought: House Disburse | ment For: | | Ty | /pe | | | | | | 88.84 | · · · · | |
| | Senate | Primary | General | | | | | | | | 1 | | |
| | President | Other (spec | | | | | Mor | no Item | | | | | |
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| s | UBTOTAL of Disbursements This Page (optional). | | | | | • | | - | | | 365.34 | | |
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| S | CHEDULE B (FEC Form 3X) | | | FOR LINE | NUMBER: PAGE 47 OF 48 | | | | |
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| IT | EMIZED DISBURSEMENTS | for each | arate schedule(s) category of the Summary Page | (check only 21b 28a | v one) 22 23 26 27 28b 28c X 29 30b | | | | |
| | ny information copied from such Reports and State for commercial purposes, other than using the name | | | | | | | | |
| $\left \right\rangle$ | NAME OF COMMITTEE (In Full) | | | | | | | | |
| // | Tri-State Maxed-Out Women | | | | | | | | |
| <u> </u> | Full Name (Last, First, Middle Initial) | | | | | | | | |
| Α. | Dickstein Sudolsky, Marcia, , , | | | | Date of Disbursement | | | | |
| | Mailing Address 445 Park Ave | | | | M M / D D / Y Y Y Y 08 28 2023 | | | | |
| | City | State | Zip Code | | FEC Identification Number | | | | |
| | New York | NY | 10022-2606 | | | | | | |
| | Purpose of Disbursement Non Contribution Account PAC Administrative Ser | vicos | | | С | | | | |
| | Candidate Name | VICES | | 0 | Transaction ID : 500136618 Amount of Each Disbursement this Period | | | | |
| | | | | Category/ Type | Amount of Each Disbursement this Period | | | | |
| | Office Sought: House Disburse | ment For: | | | 1250.00 | | | | |
| | Senate | Primary | General | | | | | | |
| | State: District: | Other (spe | cify) 🔻 | | Memo Item | | | | |
| _ | Full Name (Last, First, Middle Initial) | | | | | | | | |
| В. | | | | | Date of Disbursement | | | | |
| | Howe, Nora, , , | | | | M = M / D = D / Y = Y = Y = Y | | | | |
| | Mailing Address 113 Mott St Apt 4R | 08 15 2023 | | | | | | | |
| | City | State NY | Zip Code | | FEC Identification Number | | | | |
| | New York Purpose of Disbursement | INT | 10013-4634 | | \mathbf{C} | | | | |
| | Non Contribution Account PAC Administrative Ser | vices | | | C | | | | |
| | Candidate Name | | | Category/ Type | Transaction ID : 500136607 Amount of Each Disbursement this Period | | | | |
| | Office Sought: House Disburse | ment For: | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 675.00 | | | | |
| | Senate | Primary | General | | | | | | |
| | President | Other (spec | cify) | | Memo Item | | | | |
| _ | State: District: | | | | hant | | | | |
| C. | Full Name (Last, First, Middle Initial) Lee Morea, David, , , | | | | Date of Disbursement | | | | |
| | Mailing Address 339 E 94Th St Apt 6C | | | | 08 / D D / Y Y Y Y 08 2023 | | | | |
| | City | State | Zip Code | | FEC Identification Number | | | | |
| | New York Purpose of Disbursement | NY | 10128-4720 | | | | | | |
| | Non Contribution Account PAC Event Staffing | | С | | | | | | |
| | Candidate Name | Category/ Type | Transaction ID : 500136595 Amount of Each Disbursement this Period | | | | | | |
| | Office Sought: House Disburse | ment For: | | ~ 1 | 250.00 | | | | |
| | Senate | Primary | General | | | | | | |
| | President | Other (spe | cify) 🔻 | | Memo Item | | | | |
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| ITE | EMIZED DISBURSEMENTS | | arate schedule(s) category of the | - | (check only one) | | | | | |
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| \backslash | NAME OF COMMITTEE (In Full) | | | | | | | | | |
| | Tri-State Maxed-Out Women | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| Α. | Political Compliance Management S | ervices, l | LC | | | Date of Disbursement | | | | |
| | Mailing Address 910 17Th St NW Ste 925 | | | | | 08 / D D / Y Y Y Y 08 / 08 / 2023 | | | | |
| | | State DC | Zip Code | | | FEC Identification Number | | | | |
| | Washington Purpose of Disbursement | DC | 20006-2641 | | | | | | | |
| | Non Contribution Account PAC Accounting Service | 20 | | | | C | | | | |
| | Candidate Name | | | Catana | | Transaction ID : 500136609 Amount of Each Disbursement this Period | | | | |
| | | | | Catego Type | | Amount of Each Dispursement this Penou | | | | |
| | Office Sought: House Disburse | ment For: | | , | | 529.48 | | | | |
| | Senate | Primary | General | | | | | | | |
| | State: District: | Other (spec | cify) 🔻 | | | Memo Item | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | | | | |
| В. | Stanton, James, , , | | | | | Date of Disbursement | | | | |
| | Mailing Address 235 E 22Nd St # 15HI | | M / D D / Y | | | | | | | |
| | - | State | Zip Code | | | | | | | |
| | New York | NY | 10010-4616 | | | FEC Identification Number | | | | |
| | Purpose of Disbursement | | | | | C | | | | |
| | Non Contribution Account PAC Graphic Design | | | | | Transaction ID : 500136598 | | | | |
| | Candidate Name | | | Catego | | Amount of Each Disbursement this Period | | | | |
| | Office Sought: House Disburse | ment For: | | Туре | ; | 150.00 | | | | |
| | Senate | Primary | General | | | | | | | |
| | President | Other (spec | cify) | | | | | | | |
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| | Na the contract of the second | | | | | M M / D D / Y Y Y Y | | | | |
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| | Senate | Primary | General | | | | | | | |
| | President | Other (spec | cify) 🔻 | | | Memo Item | | | | |
| _ | State: District: | | | | | | | | | |
| S | JBTOTAL of Disbursements This Page (optional). | | | | • | 679.48 | | | | |
| | | | | | | 3652.32 | | | | |
| Т | DTAL This Period (last page this line number only |) | | | • | 3032.32 | | | | |