

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
WOMENCOUNT PAC

ADDRESS (number and street) **393 7TH AVENUE, SUITE 301**
Check if different than previously reported. (ACC) **SAN FRANCISCO CA 94118**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00450098 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2017 through / / 2017

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

Signature of Treasurer *Mason, Stacy, , ,* [Electronically Filed] Date / / 2017

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMENCOUNT PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="4706.06"/>	<input type="text" value="4706.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10126.55"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="49581.00"/>	<input type="text" value="127639.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="59707.55"/>	<input type="text" value="132345.70"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="49631.01"/>	<input type="text" value="122269.16"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10076.54"/>	<input type="text" value="10076.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="10696.99"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMENCOUNT PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	47680.00	122904.20
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	47680.00	122904.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1901.00	4721.04
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	49581.00	127625.24
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	14.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	49581.00	127639.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	49581.00	127639.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2106.01	4247.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2106.01	4247.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47525.00	118011.20
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.60
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	10.60
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	49631.01	122269.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49631.01	122269.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49581.00	127625.24
34. Total Contribution Refunds (from Line 28(d))	0.00	10.60
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49581.00	127614.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2106.01	4247.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2106.01	4247.36

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

UPDATE SCHEDULE D

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ALEXANDER, SUZI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 461 2ND STREET T660

City SAN FRANCISCO	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ROBBINS GELLER	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID : INCA11393

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

B. HELMLINGER, ROBYN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 307 SCOTT ST.

City SAN FRANCISCO	State CA	Zip Code 94117
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SQUIRE PATTON BOGGS	Occupation (for Individual) ATTORNEY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

Transaction ID : INCA11392

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

C. KANG, JAN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 40 FAY AVENUE

City SAN CARLOS	State CA	Zip Code 94070
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BROMIUM, INC.	Occupation (for Individual) LAWYER
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2017

Transaction ID : INCA11391

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HITZ, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123 KENT RD.
 City PACIFICA State CA Zip Code 94044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ANNE EVERS COMMUNICATIONS Occupation (for Individual) EDITOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt **03 / 03 / 2017**
Transaction ID : INCA11390
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. SPEISER, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 781 PARMA WAY
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1005.00**

Date of Receipt **03 / 05 / 2017**
Transaction ID : INCA12042
 Amount of Each Receipt this Period **5.00**
 Memo Item

C. SPEISER, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 781 PARMA WAY
 City LOS ALTOS State CA Zip Code 94024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1005.00**

Date of Receipt **03 / 05 / 2017**
Transaction ID : INCA12041
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	2005.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRAHN, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1125 UNIVERSITY AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 06 / 2017
Transaction ID : INCA12044
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. SCOTT, AMANDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 66 ALVARADO RD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CORE POWER YOGA Occupation (for Individual) YOGA TEACHER, HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 06 / 2017
Transaction ID : INCA12043
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. BEHRMAN, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 BROWNLEE ROAD
 City LOUISVILLE State KY Zip Code 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12050
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional)..... ▶ 2010.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City **LOUISVILLE** State **KY** Zip Code **40207**

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

Name of Employer (for Individual) **UNIVERSITY OF LOUISVILLE** Occupation (for Individual) **PROFESSOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110.00

Date of Receipt
03 / 07 / 2017

Transaction ID : INCA12045

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: ELIZABETH FOR MA

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City **LOUISVILLE** State **KY** Zip Code **40207**

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

Name of Employer (for Individual) **UNIVERSITY OF LOUISVILLE** Occupation (for Individual) **PROFESSOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
110.00

Date of Receipt
03 / 07 / 2017

Transaction ID : INCA12051

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City **LOUISVILLE** State **KY** Zip Code **40207**

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

Name of Employer (for Individual) **UNIVERSITY OF LOUISVILLE** Occupation (for Individual) **PROFESSOR**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
110.00

Date of Receipt
03 / 07 / 2017

Transaction ID : INCA12046

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional)..... ▶ **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City LOUISVILLE	State KY	Zip Code 40207
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
110.00

Date of Receipt
03 / 07 / 2017

Transaction ID : INCA12048

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: KLOBUCHAR FOR MINNESOTA

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City LOUISVILLE	State KY	Zip Code 40207
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
110.00

Date of Receipt
03 / 07 / 2017

Transaction ID : INCA12052

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City LOUISVILLE	State KY	Zip Code 40207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE	Occupation (for Individual) PROFESSOR
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
110.00

Date of Receipt
03 / 07 / 2017

Transaction ID : INCA12047

Amount of Each Receipt this Period
10.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City LOUISVILLE	State KY	Zip Code 40207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE	Occupation (for Individual) PROFESSOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **110.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : INCA12049

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: STABENOW FOR US SENATE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City LOUISVILLE	State KY	Zip Code 40207
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE	Occupation (for Individual) PROFESSOR
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **110.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : INCA12055

Amount of Each Receipt this Period

10.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BEHRMAN, ANDREA, , ,

Mailing Address **4021 BROWNLEE ROAD**

City LOUISVILLE	State KY	Zip Code 40207
---------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE	Occupation (for Individual) PROFESSOR
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **110.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : INCA12054

Amount of Each Receipt this Period

10.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BEHRMAN, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 BROWNLEE ROAD
 City LOUISVILLE State KY Zip Code 40207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNIVERSITY OF LOUISVILLE Occupation (for Individual) PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12053
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12073
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12074
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12076
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

B. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12075
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12072
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12070
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

B. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12069
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

C. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12068
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12071
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

B. BROWN, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42 MAGZINE STREET
 City CAMBRIDGE State MA Zip Code 02139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12067
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. FRANCIS, KERRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5940 ESTATES DRIVE
 City OAKLAND State CA Zip Code 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DELOITTE Occupation (for Individual) ACCOUNTANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12077
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	510.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12079
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF ELIZABETH ESTY

B. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12086
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 07 / 2017
Transaction ID : INCA12085
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12083
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: DEBBIE DINGELL FOR CONGRESS

B. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12084
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ROBIN KELLY FOR CONGRESS

C. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12082
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KATHLEEN RICE FOR CONGRESS

SUBTOTAL of Receipts This Page (optional)..... 30.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : INCA12081
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MALONEY FOR CONGRESS

B. FRENCH, PRISCILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 DRIFTWOOD LANE
 City PORTSMOUTH State NH Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) MUSICIAN
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 80.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : INCA12080
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: JACKIE SPEIER FOR CONGRESS

C. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 105.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : INCA12066
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 25.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12065
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

B. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12063
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

C. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12057
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12058
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

B. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12064
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12059
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12061
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12062
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12060
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. IMMASCHE, SONIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 COTTONWOOD DRIVE
 City FORT COLLINS State CO Zip Code 80524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 105.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12056
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. PRICE, CONNIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2999 PACIFIC AVENUE #5
 City SAN FRANCISCO State CA Zip Code 94115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2017
Transaction ID : INCA12078
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. COHEN, TOD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STUBHUB Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12114
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	2005.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CRYSTAL FOSTER, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1636 CHANNING AVENUE
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WESTLY FOUNDATION Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12112
 Amount of Each Receipt this Period 500.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. DIBRIENZA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 PARK AVE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12087
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12104
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 1505.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 03 / 08 / 2017
Transaction ID : INCA12109
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

B. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 03 / 08 / 2017
Transaction ID : INCA12108
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

C. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 03 / 08 / 2017
Transaction ID : INCA12103
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 26 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GENTA, VELMA, , ,

Mailing Address **1732 BENT TREE CIRCLE**

City **FORT MYERS** State **FL** Zip Code **33907**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
03 / 08 / 2017

Transaction ID : INCA12107

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GENTA, VELMA, , ,

Mailing Address **1732 BENT TREE CIRCLE**

City **FORT MYERS** State **FL** Zip Code **33907**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
03 / 08 / 2017

Transaction ID : INCA12105

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MARIA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GENTA, VELMA, , ,

Mailing Address **1732 BENT TREE CIRCLE**

City **FORT MYERS** State **FL** Zip Code **33907**

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

Name of Employer (for Individual) **NONE** Occupation (for Individual) **RETIRED**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.00

Date of Receipt
03 / 08 / 2017

Transaction ID : INCA12102

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ **15.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 143
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12106
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12101
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

C. GENTA, VELMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1732 BENT TREE CIRCLE
 City FORT MYERS State FL Zip Code 33907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12100
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAPLAN, GLICKA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 FW HARTFORD DRIVE
 City PORTSMOUTH State NE Zip Code 03801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12113
 Amount of Each Receipt this Period
 60.00
 Memo Item

B. ROYER, LYNNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 HILLCREST DRIVE
 City ORINDA State CA Zip Code 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LOOMIS SAYLES Occupation (for Individual) PORTFOLIO MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12088
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. SIVAK, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 NEW HOLLAND WAY
 City BOYNTON BEACH State FL Zip Code 33437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 55.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12116
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional).....	1065.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 29 OF 143
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12117

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: GILLIBRAND FOR SENATE

B. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12118

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KLOBUCHAR FOR MINNESOTA

C. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12123

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12119

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

B. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12121

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

C. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12122

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12120

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MARIA

B. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12111

Amount of Each Receipt this Period
5.00

Memo Item

C. SIVAK, MIRIAM, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7920 NEW HOLLAND WAY

City BOYNTON BEACH	State FL	Zip Code 33437
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
55.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12110

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SIVAK, MIRIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7920 NEW HOLLAND WAY
 City BOYNTON BEACH State FL Zip Code 33437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 55.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12115
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12092
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

C. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12098
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 25.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 143
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12099
 Amount of Each Receipt this Period 10.00
 Memo Item

B. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12089
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 08 / 2017
Transaction ID : INCA12090
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12093
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

B. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12091
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

C. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12097
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12095
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12096
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

C. SPRINGER, CONNIE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1642 NOREEN DRIVE
 City SAN JOSE State CA Zip Code 95124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 110.00

Date of Receipt 03 / 08 / 2017
Transaction ID : INCA12094
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....▶ 30.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MASON, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 839 MELVILLE AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WOMENCOUNT Occupation (for Individual) EXECUTIVE DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 09 / 2017
Transaction ID : INCA12124
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. ACKER-LYONS, ALEXANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3349 WAVERLEY STREET
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AL ADVISING Occupation (for Individual) PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12125
 Amount of Each Receipt this Period 25.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12138
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional)..... ▶ 1030.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12139
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

B. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12137
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12140
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BASS, ROBIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3722 AVE J

City BROOKLYN	State NY	Zip Code 11210
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

Transaction ID : INCA12141

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: STABENOW FOR US SENATE

B. BASS, ROBIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3722 AVE J

City BROOKLYN	State NY	Zip Code 11210
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

Transaction ID : INCA12144

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

C. BASS, ROBIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3722 AVE J

City BROOKLYN	State NY	Zip Code 11210
------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

Transaction ID : INCA12143

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 143
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12145
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12146
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. BASS, ROBIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3722 AVE J
 City BROOKLYN State NY Zip Code 11210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12142
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 40 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12133
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

B. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12135
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12136
 Amount of Each Receipt this Period 5.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12132
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12131
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

C. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2017
Transaction ID : INCA12130
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12134
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

B. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12128
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

C. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12129
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12126
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

B. JACOBSON, ROBERTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5927 SPRING XING
 City SAN ANTONIO State TX Zip Code 78247-1667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AHISD Occupation (for Individual) TEACHER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 03 / 10 / 2017
Transaction ID : INCA12127
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

C. FULLERTON STONE, HONOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 420 SANTA RITA AVE
 City MENLO PARK State CA Zip Code 94025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2020.00

Date of Receipt 03 / 11 / 2017
Transaction ID : INCA12147
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WOODS, LAURE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1240 WESTRIDGE DRIVE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2017
Transaction ID : INCA12148
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. LOULAN, JOANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 LOS TRANCOS CIRCLE
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) COUNSELOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2017
Transaction ID : INCA12150
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. SANDS, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1331 HAMILTON AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) NOT EMPLOYED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2017
Transaction ID : INCA12149
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. DAUBER, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 PAUL AVENUE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) STANFORD Occupation (for Individual) LAW PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 14 / 2017
Transaction ID : INCA12152
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. DE BLANK, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1398 FOREST AVENUE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LEGAL AID Occupation (for Individual) LAWYER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 14 / 2017
Transaction ID : INCA12153
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3450.00

Date of Receipt 03 / 14 / 2017
Transaction ID : INCA12151
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. COLTON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1848 PINE STREET
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : INCA12155
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. PEARL, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 SOUTH EL MONTE AVENUE
 City LOS ALTOS State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ACORN FINANCIAL PLANNING Occupation (for Individual) INVESTMENT ADVISOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : INCA12154
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. STIMMLER, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 758 CENTER DRIVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GOOGLE Occupation (for Individual) RESEARCH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017
Transaction ID : INCA12156
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAMRAN, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 CERVANTES ROAD
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : INCA12158
 Amount of Each Receipt this Period
 2700.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. MOORE, COURTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1444 VALLEJO STREET APT. 2
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) RODAN + FIELDS Occupation (for Individual) MARKETING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : INCA12162
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. POWELL, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1121 MASONIC AVENUE APT B
 City SAN FRANCISCO State CA Zip Code 94117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) KREUZBERGERASSOCIATES Occupation (for Individual) RECRUITER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : INCA12159
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	4700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STERN, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 SEALE AVE
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : INCA12161
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. WEAVER, MARY JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 550 MONTGOMERY STREET, SUITE 650
 City SAN FRANCISCO State CA Zip Code 94111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WEAVER SCHLENGER LLP Occupation (for Individual) PARTNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : INCA12157
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. WEISSBERG, WESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2053 PRINCETON
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) AUDIO PRODUCER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2017
Transaction ID : INCA12160
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. CHEN, GRACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 MONTE AVE
 City State Zip Code
 PIEDMONT CA 94611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED, SAME NAME ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2017
Transaction ID : INCA12163
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. HWANG, SUSIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 MELVILLE AVE
 City State Zip Code
 PALO ALTO CA 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 SELF-EMPLOYED, SAME NAME ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 17 / 2017
Transaction ID : INCA12169
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City State Zip Code
 MTN. VIEW CA 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 NONE RETIRED
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼
 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2017
Transaction ID : INCA12167
 Amount of Each Receipt this Period
 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	2005.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2017
Transaction ID : INCA12168
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

B. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2017
Transaction ID : INCA12166
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

C. STEWART, SUSANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 421, POPPY PLACE
 City MTN. VIEW State CA Zip Code 94043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 19 / 2017
Transaction ID : INCA12165
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KAMALA HARRIS FOR SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STEWART, SUSANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2017

Transaction ID : INCA12170

Amount of Each Receipt this Period
5.00

Memo Item

B. STEWART, SUSANNE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 421, POPPY PLACE

City MTN. VIEW	State CA	Zip Code 94043
-------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2017

Transaction ID : INCA12164

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KLOBUCHAR FOR MINNESOTA

C. CHEN, GRACE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 31 MONTE AVE

City PIEDMONT	State CA	Zip Code 94611
------------------	-------------	-------------------

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

Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME	Occupation (for Individual) ATTORNEY
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2017

Transaction ID : INCA12174

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: ELECTING WOMEN BAY AREA

SUBTOTAL of Receipts This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MAJESKI, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 WALNUT STREET
 City SAN CARLOS State CA Zip Code 94070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ROPERS MAJESKI KOHN & BENTLEY Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2017
Transaction ID : INCA12173
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

B. PHILLIPS, DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 SEALE AVENUE
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 20 / 2017
Transaction ID : INCA12171
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: ELECTING WOMEN BAY AREA

C. PHILLIPS, DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 SEALE AVENUE
 City PALO ALTO State CA Zip Code 94303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 20 / 2017
Transaction ID : INCA12172
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 143
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. SONTAG, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 GOLDEN OAK DR
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 03 / 22 / 2017
Transaction ID : INCA12176
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

B. SONTAG, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 GOLDEN OAK DR
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 03 / 22 / 2017
Transaction ID : INCA12175
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

C. SONTAG, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 280 GOLDEN OAK DR
 City PORTOLA VALLEY State CA Zip Code 94028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALO ALTO UNIFIED SCHOOL DISTRICT Occupation (for Individual) REGISTERED NURSE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt 03 / 22 / 2017
Transaction ID : INCA12177
 Amount of Each Receipt this Period 10.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....	30.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 143
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. WEXLER, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1078 FOREST AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5600.00
 Date of Receipt: 03 / 22 / 2017
Transaction ID : INCA12179
 Amount of Each Receipt this Period: 2700.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

B. WEXLER, DEBORAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1078 FOREST AVE
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) HOMEMAKER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5600.00
 Date of Receipt: 03 / 22 / 2017
Transaction ID : INCA12180
 Amount of Each Receipt this Period: 200.00
 Memo Item

C. ZACK, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 ROCK ROAD
 City KENTFIELD State CA Zip Code 94904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) COMMUNITY VOLUNTEER ACTIVIST
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt: 03 / 22 / 2017
Transaction ID : INCA12178
 Amount of Each Receipt this Period: 1000.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....▶ 3900.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 55 OF 143
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARTINIE, MAXINE, , ,

Mailing Address **PO BOX 1172**

City **ASHLAND** State **OR** Zip Code **97520**

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

Name of Employer (for Individual) **SELF-EMPLOYED, SAME NAME** Occupation (for Individual) **DISABILITY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt
03 / 23 / 2017

Transaction ID : INCA12183

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: KLOBUCHAR FOR MINNESOTA

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARTINIE, MAXINE, , ,

Mailing Address **PO BOX 1172**

City **ASHLAND** State **OR** Zip Code **97520**

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

Name of Employer (for Individual) **SELF-EMPLOYED, SAME NAME** Occupation (for Individual) **DISABILITY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt
03 / 23 / 2017

Transaction ID : INCA12184

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FEINSTEIN FOR SENATE 2018

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MARTINIE, MAXINE, , ,

Mailing Address **PO BOX 1172**

City **ASHLAND** State **OR** Zip Code **97520**

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

Name of Employer (for Individual) **SELF-EMPLOYED, SAME NAME** Occupation (for Individual) **DISABILITY**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **15.00**

Date of Receipt
03 / 23 / 2017

Transaction ID : INCA12182

Amount of Each Receipt this Period
5.00

Memo Item
ERMK: FRIENDS OF MAZIE HIRONO

SUBTOTAL of Receipts This Page (optional).....▶ **15.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. TOM, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 OAK RIDGE ROAD
 City BERKELEY State CA Zip Code 94705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DAVIS WRIGHT TREMAINE LLP Occupation (for Individual) ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2017
Transaction ID : INCA12181
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. SCHULMAN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 832, WAVERLEY ST
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FISH & RICHARDSON Occupation (for Individual) PATENT ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2017
Transaction ID : INCA12185
 Amount of Each Receipt this Period 250.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2017
Transaction ID : INCA12186
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: ELIZABETH FOR MA

SUBTOTAL of Receipts This Page (optional).....	1255.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2017
Transaction ID : INCA12189
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: KLOBUCHAR FOR MINNESOTA

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2017
Transaction ID : INCA12188
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: GILLIBRAND FOR SENATE

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt 03 / 27 / 2017
Transaction ID : INCA12190
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....	15.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2017
Transaction ID : INCA12192
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: MCCASKILL FOR MISSOURI

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2017
Transaction ID : INCA12193
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MAZIE HIRONO

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2017
Transaction ID : INCA12194
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: HEIDI FOR SENATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 15.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 143
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt **03 / 27 / 2017**
Transaction ID : INCA12191
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FRIENDS OF MARIA

B. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt **03 / 27 / 2017**
Transaction ID : INCA12195
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: TAMMY BALDWIN FOR SENATE

C. LA FONTAINE FIORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 20TH STREET
 City SAN FRANCISCO State CA Zip Code 94107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) PERSONAL TRAINER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt **03 / 27 / 2017**
Transaction ID : INCA12187
 Amount of Each Receipt this Period 5.00
 Memo Item
 ERMK: FEINSTEIN FOR SENATE 2018

SUBTOTAL of Receipts This Page (optional).....▶ 15.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 143
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HUNT-SCOTT, SHANNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16348 AZTEC RIDGE DR
 City LOS GATOS State CA Zip Code 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) THE SCOTT FOUNDATION Occupation (for Individual) PRESIDENT AND CO-FOUNDER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2017
Transaction ID : INCA12196
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

B. COLTON, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1848 PINE STREET
 City SAN FRANCISCO State CA Zip Code 94109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NONE Occupation (for Individual) RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2017
Transaction ID : INCA12197
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

C. DIBRIENZA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 186 PARK AVE
 City PALO ALTO State CA Zip Code 94306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SELF-EMPLOYED, SAME NAME Occupation (for Individual) EDUCATOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2017
Transaction ID : INCA12198
 Amount of Each Receipt this Period 1000.00
 Memo Item
 ERMK: STABENOW FOR US SENATE

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 143
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RITTER, AMY, , ,

Mailing Address 3340 CLAY STREET

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : INCA12200

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: STABENOW FOR US SENATE

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RITTER, AMY, , ,

Mailing Address 3340 CLAY STREET

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) NONE	Occupation (for Individual) RETIRED
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2017

Transaction ID : INCA12199

Amount of Each Receipt this Period
1000.00

Memo Item
ERMK: MCCASKILL FOR MISSOURI

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	47680.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH FOR MA INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24.61

Date of Receipt

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

Transaction ID : INCA11998

Amount of Each Receipt this Period
1.00

Memo Item

B. FEINSTEIN FOR SENATE 2018
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.53

Date of Receipt

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

Transaction ID : INCA11999

Amount of Each Receipt this Period
0.20

Memo Item

C. FRIENDS OF MARIA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
55.80

Date of Receipt

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

Transaction ID : INCA12002

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00420760

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

Aggregate Year-to-Date ▼
41.53

Date of Receipt

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

Transaction ID : INCA12004

Amount of Each Receipt this Period
0.20

Memo Item

B. GILLIBRAND FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2369.00

Date of Receipt

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

Transaction ID : INCA12008

Amount of Each Receipt this Period
1.00

Memo Item

C. HEIDI FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20.40

Date of Receipt

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

Transaction ID : INCA12005

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KAMALA HARRIS FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571919

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9.00

Date of Receipt

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

Transaction ID : INCA12007

Amount of Each Receipt this Period

162.00

 Memo Item

B. KLOBUCHAR FOR MINNESOTA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.53

Date of Receipt

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

Transaction ID : INCA12000

Amount of Each Receipt this Period

1.00

 Memo Item

C. MCCASKILL SENATE FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1735.20

Date of Receipt

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

Transaction ID : INCA12003

Amount of Each Receipt this Period

160.20

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	162.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. STABENOW FOR US SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

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

Aggregate Year-to-Date ▼
203.80

Date of Receipt

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

Transaction ID : INCA12001

Amount of Each Receipt this Period
0.20

Memo Item

B. TAMMY BALDWIN FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

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

Aggregate Year-to-Date ▼
23.40

Date of Receipt

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

Transaction ID : INCA12006

Amount of Each Receipt this Period
1.00

Memo Item

C. DEBBIE DINGELL FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN	State MI	Zip Code 48124
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00558213

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12398

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH FOR MA INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12383

Amount of Each Receipt this Period

0.80

 Memo Item

B. FEINSTEIN FOR SENATE 2018
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12384

Amount of Each Receipt this Period

0.80

 Memo Item

C. FRIENDS OF ELIZABETH ESTY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 61

City CHESHIRE	State CT	Zip Code 06410
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00494203

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12397

Amount of Each Receipt this Period

0.40

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MARIA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2017

Transaction ID : INCA12387

Amount of Each Receipt this Period

0.80

 Memo Item

B. FRIENDS OF MAZIE HIRONO
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00420760

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2017

Transaction ID : INCA12389

Amount of Each Receipt this Period

0.80

 Memo Item

C. GILLIBRAND FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2017

Transaction ID : INCA12392

Amount of Each Receipt this Period

1.20

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HEIDI FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12390

Amount of Each Receipt this Period
0.80

Memo Item

B. JACKIE SPEIER FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 112

City BURLINGAME	State CA	Zip Code 94011
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00443705

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12396

Amount of Each Receipt this Period
0.40

Memo Item

C. KATHLEEN RICE FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 744

City MINEOLA	State NY	Zip Code 11501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00555813

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
0.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12395

Amount of Each Receipt this Period
0.40

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12385

Amount of Each Receipt this Period
0.80

Memo Item

B. MALONEY FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 EAST 92ND ST

City NEW YORK	State NY	Zip Code 10128
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00273169

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12394

Amount of Each Receipt this Period
0.40

Memo Item

C. MCCASKILL SENATE FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1735.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12388

Amount of Each Receipt this Period
340.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ROBIN KELLY FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 6953

City CHICAGO	State IL	Zip Code 60680
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539866

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12393

Amount of Each Receipt this Period
0.40

Memo Item

B. STABENOW FOR US SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00344473

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12386

Amount of Each Receipt this Period
0.80

Memo Item

C. TAMMY BALDWIN FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
23.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2017

Transaction ID : INCA12391

Amount of Each Receipt this Period
1.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. ELIZABETH FOR MA INC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
24.61

Date of Receipt

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

Transaction ID : INCA12373

Amount of Each Receipt this Period

1.20

 Memo Item

B. FEINSTEIN FOR SENATE 2018
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.53

Date of Receipt

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

Transaction ID : INCA12374

Amount of Each Receipt this Period

1.20

 Memo Item

C. FRIENDS OF MARIA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
55.80

Date of Receipt

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

Transaction ID : INCA12377

Amount of Each Receipt this Period

1.20

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FRIENDS OF MAZIE HIRONO

Mailing Address **PO BOX 677**

City HONOLULU	State HI	Zip Code 96809
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00420760**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.53

Date of Receipt
03 / 15 / 2017

Transaction ID : INCA12379

Amount of Each Receipt this Period
1.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GILLIBRAND FOR SENATE

Mailing Address **313 C STREET, NE**

City WASHINGTON	State DC	Zip Code 20002
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00413914**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2369.00

Date of Receipt
03 / 15 / 2017

Transaction ID : INCA12382

Amount of Each Receipt this Period
1.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HEIDI FOR SENATE

Mailing Address **PO BOX 1577**

City BISMARCK	State ND	Zip Code 58502
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00505552**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
20.40

Date of Receipt
03 / 15 / 2017

Transaction ID : INCA12380

Amount of Each Receipt this Period
1.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : INCA12375

Amount of Each Receipt this Period
1.20

Memo Item

B. MCCASKILL SENATE FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1735.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : INCA12378

Amount of Each Receipt this Period
462.20

Memo Item

C. STABENOW FOR US SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
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FEC ID number of contributing federal political committee. **C** C00344473

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
203.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 15 / 2017

Transaction ID : INCA12376

Amount of Each Receipt this Period
1.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	464.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23.40

Date of Receipt

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

Transaction ID : INCA12381

Amount of Each Receipt this Period
1.20

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ELECTING WOMEN SAN FRANCISCO PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO	State CA	Zip Code 94118
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00585687

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12372

Amount of Each Receipt this Period
120.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
24.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12366

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	121.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12371

Amount of Each Receipt this Period
0.20

Memo Item

B. KAMALA HARRIS FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES	State CA	Zip Code 90017
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00571919

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12370

Amount of Each Receipt this Period
0.20

Memo Item

C. KLOBUCHAR FOR MINNESOTA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12367

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1735.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12368

Amount of Each Receipt this Period
548.00

Memo Item

B. TAMMY BALDWIN FOR SENATE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00326801

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
23.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2017

Transaction ID : INCA12369

Amount of Each Receipt this Period
0.20

Memo Item

C. ELIZABETH FOR MA INC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 290568

City BOSTON	State MA	Zip Code 02129
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00500843

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
24.61

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12356

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	548.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FEINSTEIN FOR SENATE 2018

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON	State DC	Zip Code 20003
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00539890

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
41.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12357

Amount of Each Receipt this Period
0.80

Memo Item

B. FRIENDS OF MARIA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 12740

City SEATTLE	State WA	Zip Code 98111
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00349506

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
55.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12360

Amount of Each Receipt this Period
0.20

Memo Item

C. FRIENDS OF MAZIE HIRONO

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO BOX 677

City HONOLULU	State HI	Zip Code 96809
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00420760

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
41.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12362

Amount of Each Receipt this Period
0.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 313 C STREET, NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00413914

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2369.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12365

Amount of Each Receipt this Period
0.20

Memo Item

B. HEIDI FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1577

City BISMARCK	State ND	Zip Code 58502
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00505552

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12363

Amount of Each Receipt this Period
0.20

Memo Item

C. KLOBUCHAR FOR MINNESOTA
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 4146

City ST PAUL	State MN	Zip Code 55104
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00431353

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12358

Amount of Each Receipt this Period
0.80

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 143
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 300077

City ST LOUIS	State MO	Zip Code 63130
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00577148

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1735.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12361

Amount of Each Receipt this Period
50.20

Memo Item

B. STABENOW FOR US SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 4945

City EAST LANSING	State MI	Zip Code 48826
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FEC ID number of contributing federal political committee. **C** C00344473

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
203.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12359

Amount of Each Receipt this Period
188.20

Memo Item

C. TAMMY BALDWIN FOR SENATE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 696

City MADISON	State WI	Zip Code 53701
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FEC ID number of contributing federal political committee. **C** C00326801

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
23.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2017

Transaction ID : INCA12364

Amount of Each Receipt this Period
0.20

Memo Item

SUBTOTAL of Receipts This Page (optional).....	238.60
TOTAL This Period (last page this line number only).....	1901.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. AUTHORIZE.NET

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 8999

City SAN FRANCISCO State CA Zip Code 94128

Purpose of Disbursement ACCOUNT FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2017

FEC Identification Number: C

Transaction ID : EXPB12035

Amount of Each Disbursement this Period: 25.00

Memo Item

B. FIRST DATA

Full Name (Last, First, Middle Initial)

Mailing Address 5565 GLENRIDGE CONNECTOR NE SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2017

FEC Identification Number: C

Transaction ID : EXPB12404

Amount of Each Disbursement this Period: 258.42

Memo Item

C. FIRST DATA

Full Name (Last, First, Middle Initial)

Mailing Address 5565 GLENRIDGE CONNECTOR NE SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2017

FEC Identification Number: C

Transaction ID : EXPB12405

Amount of Each Disbursement this Period: 1218.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1502.18

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FIRST DATA

Mailing Address 5565 GLENRIDGE CONNECTOR NE
SUITE 2000

City ATLANTA State GA Zip Code 30342

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2017

FEC Identification Number

C
Transaction ID : EXPB12032
Amount of Each Disbursement this Period
47.75

Memo Item

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK

Mailing Address 464 CALIFORNIA STREET

City SAN FRANCISCO State CA Zip Code 94163

Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2017

FEC Identification Number

C
Transaction ID : EXPB12402
Amount of Each Disbursement this Period
56.08

Memo Item

Full Name (Last, First, Middle Initial)

C. HARVEY, MEGHAN, , ,

Mailing Address 5425 CHARLOTTE WAY

City LIVERMORE State CA Zip Code 94550

Purpose of Disbursement
SOCIAL MEDIA SERVICES

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2017

FEC Identification Number

C
Transaction ID : EXPB12036
Amount of Each Disbursement this Period
500.00

Memo Item

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

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

603.83
2106.01

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB11784 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB11785 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB11786 Amount of Each Disbursement this Period 10.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB11787
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	

Full Name (Last, First, Middle Initial) B. FEINSTEIN FOR SENATE 2018		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 Transaction ID : EXPB11742
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name FEINSTEIN, DIANE, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) C. FRIENDS OF MARIA		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO BOX 12740		FEC Identification Number C00349506 Transaction ID : EXPB11950
City SEATTLE	State WA	Zip Code 98111
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name CANTWELL, MARIA, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WA	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 677

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	7		

City HONOLULU State HI Zip Code 96809

FEC Identification Number

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

C	C00420760
---	-----------

Candidate Name
HIRONO, MAZIE, , ,

Transaction ID : EXPB11858

Amount of Each Disbursement this Period

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

5.00

Memo Item

B. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 313 C STREET, NE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	7		

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement
ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

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

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Transaction ID : EXPB11887

Amount of Each Disbursement this Period

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

5.00

Memo Item

C. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 313 C STREET, NE

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	7		

City WASHINGTON State DC Zip Code 20002

FEC Identification Number

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

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

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Transaction ID : EXPB11888

Amount of Each Disbursement this Period

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

5.00

Memo Item

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB11889
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
State: NY	District:	

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB11890
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
State: NY	District:	

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 00050552 Transaction ID : EXPB11772
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name HEITKAMP, HEIDI, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Memo Item
State: ND	District:	

SUBTOTAL of Disbursements This Page (optional).....	20.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KAMALA HARRIS FOR SENATE

Mailing Address **777 S FIGUEROA ST STE 4050**

City **LOS ANGELES** State **CA** Zip Code **90017**

Purpose of Disbursement
ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HARRIS, KAMALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: _____

Date of Disbursement: **03 / 01 / 2017**

FEC Identification Number: **C00571919**
Transaction ID : EXPB11730

Amount of Each Disbursement this Period: **5.00**

Memo Item

Full Name (Last, First, Middle Initial)
B. KAMALA HARRIS FOR SENATE

Mailing Address **777 S FIGUEROA ST STE 4050**

City **LOS ANGELES** State **CA** Zip Code **90017**

Purpose of Disbursement
ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HARRIS, KAMALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: _____

Date of Disbursement: **03 / 01 / 2017**

FEC Identification Number: **C00571919**
Transaction ID : EXPB11731

Amount of Each Disbursement this Period: **10.00**

Memo Item

Full Name (Last, First, Middle Initial)
C. KAMALA HARRIS FOR SENATE

Mailing Address **777 S FIGUEROA ST STE 4050**

City **LOS ANGELES** State **CA** Zip Code **90017**

Purpose of Disbursement
ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HARRIS, KAMALA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CA** District: _____

Date of Disbursement: **03 / 01 / 2017**

FEC Identification Number: **C00571919**
Transaction ID : EXPB11732

Amount of Each Disbursement this Period: **5.00**

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **20.00**

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00431353
Transaction ID : EXPB11813

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00431353
Transaction ID : EXPB11814

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00431353
Transaction ID : EXPB11815

Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: **C00431353**
Transaction ID : EXPB11816
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: **C00577148**
Transaction ID : EXPB11711
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: NANCY HAYES-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: **C00577148**
Transaction ID : EXPB11712
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1010.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: BETSY COTTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB11713

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: CHRISTINE SILVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB11714

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ABBIE KNOPPER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB11715

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB11961

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement ERMK: MARILYN E. HARVEY-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB11971

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB11972

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: SOFIE VANDEPUTTE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: **C00326801**
Transaction ID : **EXPB11973**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: IRENE WAPNIR-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: **C00326801**
Transaction ID : **EXPB11974**
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. DEBBIE DINGELL FOR CONGRESS

Mailing Address 19855 W. OUTER DR. STE 103 AE

City DEARBORN State MI Zip Code 48124

Purpose of Disbursement
ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
DINGELL, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District: 12

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00558213**
Transaction ID : **EXPB12355**
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12352 Amount of Each Disbursement this Period 10.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12353 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12354 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FEINSTEIN FOR SENATE 2018

Full Name (Last, First, Middle Initial)

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00539890

Transaction ID : EXPB12349

Amount of Each Disbursement this Period

10.00

Memo Item

B. FEINSTEIN FOR SENATE 2018

Full Name (Last, First, Middle Initial)

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00539890

Transaction ID : EXPB12350

Amount of Each Disbursement this Period

5.00

Memo Item

C. FEINSTEIN FOR SENATE 2018

Full Name (Last, First, Middle Initial)

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2017

FEC Identification Number

C C00539890

Transaction ID : EXPB12351

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF ELIZABETH ESTY

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ETSY, ELIZABETH, , ,

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

State: CT District: 05

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00494203
Transaction ID : EXPB12348
Amount of Each Disbursement this Period: 10.00

Memo Item

B. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

State: WA District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00349506
Transaction ID : EXPB12345
Amount of Each Disbursement this Period: 10.00

Memo Item

C. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

State: WA District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00349506
Transaction ID : EXPB12346
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00349506**
Transaction ID : **EXPB12347**
Amount of Each Disbursement this Period: 5.00

Memo Item

B. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00420760**
Transaction ID : **EXPB12342**
Amount of Each Disbursement this Period: 10.00

Memo Item

C. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00420760**
Transaction ID : **EXPB12343**
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	7

FEC Identification Number

C C00420760

Transaction ID : EXPB12344

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	7

FEC Identification Number

C C00413914

Transaction ID : EXPB12338

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GILLIBRAND FOR SENATE

Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	7

FEC Identification Number

C C00413914

Transaction ID : EXPB12339

Amount of Each Disbursement this Period

5.00

Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB12340
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB12341
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 00050552 Transaction ID : EXPB12335
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name HEITKAMP, HEIDI, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

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

25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ND District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB12336
Amount of Each Disbursement this Period: 5.00

Memo Item

B. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HEITKAMP, HEIDI, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ND District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00505552
Transaction ID : EXPB12337
Amount of Each Disbursement this Period: 5.00

Memo Item

C. JACKIE SPEIER FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement
ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
SPEIER, JACKIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District: 14

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00443705
Transaction ID : EXPB12334
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KATHLEEN RICE FOR CONGRESS

Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
RICE, KATHLEEN, , ,

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

State: NY District: 04

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00555813**
Transaction ID : **EXPB12333**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

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

State: MN District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00431353**
Transaction ID : **EXPB12330**
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

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

State: MN District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C00431353**
Transaction ID : **EXPB12331**
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 25.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 4146

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

City ST PAUL State MN Zip Code 55104

FEC Identification Number

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

C	C00431353
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Transaction ID : EXPB12332

Amount of Each Disbursement this Period

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

	5.00
--	------

Memo Item

B. MALONEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 49 EAST 92ND ST

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

City NEW YORK State NY Zip Code 10128

FEC Identification Number

Purpose of Disbursement
ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
MALONEY, CAROLYN, , ,

C	C00273169
---	-----------

Transaction ID : EXPB12329

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: NY District: 12

	10.00
--	-------

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 300077

M M M	/	D D D	/	Y Y Y Y Y
03		08		2017

City ST LOUIS State MO Zip Code 63130

FEC Identification Number

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
MCCASKILL, CLAIRE, , ,

C	C00577148
---	-----------

Transaction ID : EXPB12317

Amount of Each Disbursement this Period

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

	10.00
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Memo Item

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

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

	25.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12318

Amount of Each Disbursement this Period: 5.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12319

Amount of Each Disbursement this Period: 5.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: KERRY FRANCIS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12320

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 510.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: CONNIE PRICE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12321

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: AMANDA SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12322

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ANNE FRAHN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12323

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: JESSICA SPEISER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12324

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ANNE HITZ-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12325

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: JAN KANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12326

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12327 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: ROBYN HELMLINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12328 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: SUZI ALEXANDER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ROBIN KELLY FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address PO BOX 6953		FEC Identification Number C00539866 Transaction ID : EXPB12316 Amount of Each Disbursement this Period 10.00
City CHICAGO	State IL	Zip Code 60680
Purpose of Disbursement ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name KELLY, ROBIN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 02	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2010.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB12313

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB12314

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB12315

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
ERMK: ANDREA BEHRMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	7

FEC Identification Number

C C00326801

Transaction ID : EXPB12309

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
ERMK: SONIA IMMASCHE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	7

FEC Identification Number

C C00326801

Transaction ID : EXPB12310

Amount of Each Disbursement this Period

0	0	0	0	0	0	0	0	0	0

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City
MADISON

State
WI

Zip Code
53701

Purpose of Disbursement
ERMK: CAROL BROWN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	7

FEC Identification Number

C C00326801

Transaction ID : EXPB12311

Amount of Each Disbursement this Period

0	0	0	0	0	0	0	0	0	0

Memo Item

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

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

2	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: PRISCILLA FRENCH-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: **C** C00326801
Transaction ID : EXPB12312

Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: **C** C00500843
Transaction ID : EXPB12304

Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. ELIZABETH FOR MA INC

Mailing Address PO BOX 290568

City BOSTON State MA Zip Code 02129

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
WARREN, ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: **C** C00500843
Transaction ID : EXPB12305

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12306
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 10.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12307
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12308
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	<input type="checkbox"/> Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB12299
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB12300
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FEINSTEIN FOR SENATE 2018

Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB12301
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FEINSTEIN FOR SENATE 2018

Full Name (Last, First, Middle Initial)
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB12302
Amount of Each Disbursement this Period: 5.00

Memo Item

B. FEINSTEIN FOR SENATE 2018

Full Name (Last, First, Middle Initial)
Mailing Address 918 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
FEINSTEIN, DIANE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00539890
Transaction ID : EXPB12303
Amount of Each Disbursement this Period: 5.00

Memo Item

C. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00349506
Transaction ID : EXPB12294
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement
MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number
C C00349506
Transaction ID : EXPB12295

Amount of Each Disbursement this Period
5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement
MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number
C C00349506
Transaction ID : EXPB12296

Amount of Each Disbursement this Period
10.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WA District:

Date of Disbursement
MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number
C C00349506
Transaction ID : EXPB12297

Amount of Each Disbursement this Period
5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARIA

Mailing Address PO BOX 12740

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement
ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
CANTWELL, MARIA, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00349506

Transaction ID : EXPB12298

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00420760

Transaction ID : EXPB12289

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAZIE HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00420760

Transaction ID : EXPB12290

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB12291

Amount of Each Disbursement this Period: 10.00

Memo Item

B. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB12292

Amount of Each Disbursement this Period: 5.00

Memo Item

C. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB12293

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

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

State: NY District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00413914
Transaction ID : EXPB12284
Amount of Each Disbursement this Period: 5.00

Memo Item

B. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

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

State: NY District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00413914
Transaction ID : EXPB12285
Amount of Each Disbursement this Period: 5.00

Memo Item

C. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

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

State: NY District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00413914
Transaction ID : EXPB12286
Amount of Each Disbursement this Period: 10.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB12287
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB12288
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C 00050552 Transaction ID : EXPB12279
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/Type
Candidate Name HEITKAMP, HEIDI, , ,		Amount of Each Disbursement this Period 5.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	
<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB12280 Amount of Each Disbursement this Period 5.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB12281 Amount of Each Disbursement this Period 10.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB12282 Amount of Each Disbursement this Period 5.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	<input type="checkbox"/> Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. HEIDI FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 1577		FEC Identification Number C00505552 Transaction ID : EXPB12283 Amount of Each Disbursement this Period 5.00
City BISMARCK	State ND	Zip Code 58502
Purpose of Disbursement ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name HEITKAMP, HEIDI, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District:	

Full Name (Last, First, Middle Initial) B. KLOBUCHAR FOR MINNESOTA		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 4146		FEC Identification Number C00431353 Transaction ID : EXPB12274 Amount of Each Disbursement this Period 5.00
City ST PAUL	State MN	Zip Code 55104
Purpose of Disbursement ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name KLOBUCHAR, AMY, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District:	

Full Name (Last, First, Middle Initial) C. KLOBUCHAR FOR MINNESOTA		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 4146		FEC Identification Number C00431353 Transaction ID : EXPB12275 Amount of Each Disbursement this Period 5.00
City ST PAUL	State MN	Zip Code 55104
Purpose of Disbursement ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name KLOBUCHAR, AMY, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	15.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 4146

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

City ST PAUL State MN Zip Code 55104

FEC Identification Number

Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

C	C00431353
---	-----------

Transaction ID : EXPB12276

Amount of Each Disbursement this Period

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

10.00

Memo Item

B. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 4146

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

City ST PAUL State MN Zip Code 55104

FEC Identification Number

Purpose of Disbursement
ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

C	C00431353
---	-----------

Transaction ID : EXPB12277

Amount of Each Disbursement this Period

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

5.00

Memo Item

C. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 4146

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

City ST PAUL State MN Zip Code 55104

FEC Identification Number

Purpose of Disbursement
ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

C	C00431353
---	-----------

Transaction ID : EXPB12278

Amount of Each Disbursement this Period

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

5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12256 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) B. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12257 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: MICHELE DAUBER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) C. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12258 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: MICHELLE DE BLANK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 300077

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

City ST LOUIS State MO Zip Code 63130

FEC Identification Number

Purpose of Disbursement
ERMK: SARAH SANDS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00577148
---	-----------

Candidate Name
MCCASKILL, CLAIRE, , ,

Category/
Type

Transaction ID : EXPB12259

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1000.00

State: MO District:

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 300077

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

City ST LOUIS State MO Zip Code 63130

FEC Identification Number

Purpose of Disbursement
ERMK: JOANN LOULAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00577148
---	-----------

Candidate Name
MCCASKILL, CLAIRE, , ,

Category/
Type

Transaction ID : EXPB12260

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1000.00

State: MO District:

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 300077

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	7

City ST LOUIS State MO Zip Code 63130

FEC Identification Number

Purpose of Disbursement
ERMK: LAURE WOODS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00577148
---	-----------

Candidate Name
MCCASKILL, CLAIRE, , ,

Category/
Type

Transaction ID : EXPB12261

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

1000.00

State: MO District:

Memo Item

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: HONOR FULLERTON STONE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12262

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ALEXANDRA ACKER-LYONS-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12263

Amount of Each Disbursement this Period: 25.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT
NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12264

Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1030.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB12265

Amount of Each Disbursement this Period

2000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: STACY MASON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB12266

Amount of Each Disbursement this Period

1000.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: JENNIFER DIBRIENZA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB12267

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2005.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12268 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: LYNNE ROYER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) B. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12269 Amount of Each Disbursement this Period 10.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) C. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12270 Amount of Each Disbursement this Period 5.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input checked="" type="checkbox"/> Senate	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1015.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12271
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 500.00
Candidate Name MCCASKILL, CLAIRE, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) B. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12272
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: CATHERINE CRYSTAL FOSTER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 500.00
Candidate Name MCCASKILL, CLAIRE, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

Full Name (Last, First, Middle Initial) C. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12273
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: TOD COHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 1000.00
Candidate Name MCCASKILL, CLAIRE, , ,		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1505.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 143
<input type="checkbox"/> 21b <input type="checkbox"/> 28a	<input type="checkbox"/> 22 <input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28c
<input type="checkbox"/> 26 <input type="checkbox"/> 29	<input type="checkbox"/> 27 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full) WOMENCOUNT PAC
--

Full Name (Last, First, Middle Initial) A. STABENOW FOR US SENATE	Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">03</td> <td></td> <td style="text-align:center;">15</td> <td></td> <td style="text-align:center;">2017</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		15		2017
M M M	/	D D D	/	Y Y Y Y Y Y							
03		15		2017							
Mailing Address P.O. BOX 4945	FEC Identification Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">C</td> <td style="text-align:center;">C00344473</td> </tr> </table> Transaction ID : EXPB12251	C	C00344473								
C	C00344473										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> City EAST LANSING </td> <td style="width:15%;"> State MI </td> <td style="width:15%;"> Zip Code 48826 </td> <td style="width:10%;"></td> <td style="width:30%;"></td> </tr> </table>	City EAST LANSING	State MI	Zip Code 48826			Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">5.00</td> </tr> </table>	5.00				
City EAST LANSING	State MI	Zip Code 48826									
5.00											
Purpose of Disbursement ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED Candidate Name STABENOW, DEBBIE, , ,	Category/Type <input type="checkbox"/> Memo Item										
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:											

Full Name (Last, First, Middle Initial) B. STABENOW FOR US SENATE	Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">03</td> <td></td> <td style="text-align:center;">15</td> <td></td> <td style="text-align:center;">2017</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		15		2017
M M M	/	D D D	/	Y Y Y Y Y Y							
03		15		2017							
Mailing Address P.O. BOX 4945	FEC Identification Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">C</td> <td style="text-align:center;">C00344473</td> </tr> </table> Transaction ID : EXPB12252	C	C00344473								
C	C00344473										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> City EAST LANSING </td> <td style="width:15%;"> State MI </td> <td style="width:15%;"> Zip Code 48826 </td> <td style="width:10%;"></td> <td style="width:30%;"></td> </tr> </table>	City EAST LANSING	State MI	Zip Code 48826			Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">5.00</td> </tr> </table>	5.00				
City EAST LANSING	State MI	Zip Code 48826									
5.00											
Purpose of Disbursement ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED Candidate Name STABENOW, DEBBIE, , ,	Category/Type <input type="checkbox"/> Memo Item										
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:											

Full Name (Last, First, Middle Initial) C. STABENOW FOR US SENATE	Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">03</td> <td></td> <td style="text-align:center;">15</td> <td></td> <td style="text-align:center;">2017</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03		15		2017
M M M	/	D D D	/	Y Y Y Y Y Y							
03		15		2017							
Mailing Address P.O. BOX 4945	FEC Identification Number <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">C</td> <td style="text-align:center;">C00344473</td> </tr> </table> Transaction ID : EXPB12253	C	C00344473								
C	C00344473										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> City EAST LANSING </td> <td style="width:15%;"> State MI </td> <td style="width:15%;"> Zip Code 48826 </td> <td style="width:10%;"></td> <td style="width:30%;"></td> </tr> </table>	City EAST LANSING	State MI	Zip Code 48826			Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">10.00</td> </tr> </table>	10.00				
City EAST LANSING	State MI	Zip Code 48826									
10.00											
Purpose of Disbursement ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED Candidate Name STABENOW, DEBBIE, , ,	Category/Type <input type="checkbox"/> Memo Item										
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:											

SUBTOTAL of Disbursements This Page (optional)..... ►	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">20.00</td> </tr> </table>	20.00
20.00		
TOTAL This Period (last page this line number only)..... ►	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB12254
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00344473
Transaction ID : EXPB12255
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: ROBERTA JACOBSON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB12246
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: ROBIN BASS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB12247

Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: CONNIE F SPRINGER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB12248

Amount of Each Disbursement this Period

10.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: VELMA GENTA-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB12249

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

20.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: MIRIAM SIVAK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB12250

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTING WOMEN SAN FRANCISCO PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: DANA PHILLIPS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN SAN FRANCISCO PAC

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00585687

Transaction ID : EXPB12243

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELECTING WOMEN SAN FRANCISCO PAC

Mailing Address 393 7TH AVENUE, SUITE 301

City SAN FRANCISCO State CA Zip Code 94118

Purpose of Disbursement
ERMK: SUSAN MAJESKI-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
ELECTING WOMEN SAN FRANCISCO PAC

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00585687

Transaction ID : EXPB12244

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

2005.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELECTING WOMEN SAN FRANCISCO PAC		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address 393 7TH AVENUE, SUITE 301		FEC Identification Number C 000585687 Transaction ID : EXPB12245 Amount of Each Disbursement this Period 1000.00
City SAN FRANCISCO	State CA	Zip Code 94118
Purpose of Disbursement ERMK: GRACE CHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name ELECTING WOMEN SAN FRANCISCO PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C 000500843 Transaction ID : EXPB12242 Amount of Each Disbursement this Period 5.00
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name WARREN, ELIZABETH, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GILLIBRAND FOR SENATE		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address 313 C STREET, NE		FEC Identification Number C 000413914 Transaction ID : EXPB12241 Amount of Each Disbursement this Period 5.00
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name GILLIBRAND, KIRSTEN ELIZABETH, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District:	<input type="checkbox"/> Memo Item	

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

1010.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. KAMALA HARRIS FOR SENATE

Mailing Address 777 S FIGUEROA ST STE 4050

City LOS ANGELES State CA Zip Code 90017

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
HARRIS, KAMALA, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00571919

Transaction ID : **EXPB12240**
Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00431353

Transaction ID : **EXPB12239**
Amount of Each Disbursement this Period

5.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: DANA PHILLIPS-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00577148

Transaction ID : **EXPB12227**
Amount of Each Disbursement this Period

1000.00

Memo Item

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

1010.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: SUSIE HWANG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12228

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: GRACE CHEN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12229

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: MARY JANE WEAVER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12230

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12231 Amount of Each Disbursement this Period 2700.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: LINDA KAMRAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12232 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: LAURA POWELL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. MCCASKILL SENATE FUND		Date of Disbursement MM / DD / YYYY 03 / 22 / 2017
Mailing Address PO BOX 300077		FEC Identification Number C00577148 Transaction ID : EXPB12233 Amount of Each Disbursement this Period 1000.00
City ST LOUIS	State MO	Zip Code 63130
Purpose of Disbursement ERMK: WESLEY WEISSBERG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Category/ Type
Candidate Name MCCASKILL, CLAIRE, , ,		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4700.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ANDREA STERN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB12234

Amount of Each Disbursement this Period

1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: COURTNEY MOORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB12235

Amount of Each Disbursement this Period

1000.00

Memo Item

C. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: AMY PEARL-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 22 / 2017

FEC Identification Number

C C00577148

Transaction ID : EXPB12236

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: ELIZABETH COLTON-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12237
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. MCCASKILL SENATE FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: MARY STIMMLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C00577148
Transaction ID : EXPB12238
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. TAMMY BALDWIN FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: SUSANNE STEWART-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: WI District:

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: C00326801
Transaction ID : EXPB12226
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2005.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial) A. ELIZABETH FOR MA INC		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address PO BOX 290568		FEC Identification Number C00500843 Transaction ID : EXPB12225
City BOSTON	State MA	Zip Code 02129
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name WARREN, ELIZABETH, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA	District:	

Full Name (Last, First, Middle Initial) B. FEINSTEIN FOR SENATE 2018		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 Transaction ID : EXPB12222
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name FEINSTEIN, DIANE, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

Full Name (Last, First, Middle Initial) C. FEINSTEIN FOR SENATE 2018		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address 918 PENNSYLVANIA AVE SE		FEC Identification Number C00539890 Transaction ID : EXPB12223
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement ERMK: MAXINE MARTINIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED		Amount of Each Disbursement this Period 5.00
Candidate Name FEINSTEIN, DIANE, , ,		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	

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

15.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FEINSTEIN FOR SENATE 2018

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 918 PENNSYLVANIA AVE SE

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00539890
---	-----------

Candidate Name
FEINSTEIN, DIANE, , ,

Transaction ID : EXPB12224

Amount of Each Disbursement this Period

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

10.00

State: CA District:

Memo Item

B. FRIENDS OF MARIA

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 12740

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

City SEATTLE State WA Zip Code 98111

FEC Identification Number

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00349506
---	-----------

Candidate Name
CANTWELL, MARIA, , ,

Transaction ID : EXPB12221

Amount of Each Disbursement this Period

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

5.00

State: WA District:

Memo Item

C. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 677

M M M	/	D D D	/	Y Y Y Y Y
03		29		2017

City HONOLULU State HI Zip Code 96809

FEC Identification Number

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

C	C00420760
---	-----------

Candidate Name
HIRONO, MAZIE, , ,

Transaction ID : EXPB12218

Amount of Each Disbursement this Period

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

5.00

State: HI District:

Memo Item

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

20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: MAXINE MARTINIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB12219
Amount of Each Disbursement this Period: 5.00

Memo Item

B. FRIENDS OF MAZIE HIRONO

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
HIRONO, MAZIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: HI District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: C00420760
Transaction ID : EXPB12220
Amount of Each Disbursement this Period: 10.00

Memo Item

C. GILLIBRAND FOR SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 313 C STREET, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
GILLIBRAND, KIRSTEN ELIZABETH, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: NY District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: C00413914
Transaction ID : EXPB12217
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. HEIDI FOR SENATE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1577

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED
Candidate Name HEITKAMP, HEIDI, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C00505552

Transaction ID : EXPB12216

Amount of Each Disbursement this Period

5.00

Memo Item

B. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC
LIMIT NOT AFFECTED
Candidate Name KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C00431353

Transaction ID : EXPB12213

Amount of Each Disbursement this Period

5.00

Memo Item

C. KLOBUCHAR FOR MINNESOTA

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement ERMK: MAXINE MARTINIE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED
Candidate Name KLOBUCHAR, AMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C00431353

Transaction ID : EXPB12214

Amount of Each Disbursement this Period

5.00

Memo Item

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

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

15.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. KLOBUCHAR FOR MINNESOTA

Mailing Address PO BOX 4146

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
ERMK: CAROL SONTAG-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
KLOBUCHAR, AMY, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00431353**
Transaction ID : EXPB12215
Amount of Each Disbursement this Period: 10.00

Memo Item

Full Name (Last, First, Middle Initial)
B. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00577148**
Transaction ID : EXPB12210
Amount of Each Disbursement this Period: 5.00

Memo Item

Full Name (Last, First, Middle Initial)
C. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: CHARLES SCHULMAN-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00577148**
Transaction ID : EXPB12211
Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 265.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)
A. MCCASKILL SENATE FUND

Mailing Address PO BOX 300077

City ST LOUIS State MO Zip Code 63130

Purpose of Disbursement
ERMK: JEAN TOM-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
MCCASKILL, CLAIRE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00577148**
Transaction ID : **EXPB12212**
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: SHANNON HUNT-SCOTT-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00344473**
Transaction ID : **EXPB12206**
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MI District:

Date of Disbursement: 03 / 29 / 2017

FEC Identification Number: **C00344473**
Transaction ID : **EXPB12207**
Amount of Each Disbursement this Period: 5.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2005.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

Full Name (Last, First, Middle Initial)

A. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: DIANE ZACK-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB12208

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
ERMK: DEBORAH WEXLER-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
STABENOW, DEBBIE, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00344473

Transaction ID : EXPB12209

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
ERMK: KRISTIN LA FONTAINE FIORE-TRANSMITTED BY CHECK. PAC LIMIT NOT AFFECTED

Candidate Name
BALDWIN, TAMMY, , ,

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

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2017

FEC Identification Number

C C00326801

Transaction ID : EXPB12205

Amount of Each Disbursement this Period

5.00

Memo Item

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

3705.00

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

47525.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 142 OF 143
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor HANSON BRIDGETT LLP			Nature of Debt (Purpose): LEGAL AND COMPLIANCE
Mailing Address 425 MARKET STREET, 26TH FLOOR			
City SAN FRANCISCO	State CA	Zip Code 94105	

Outstanding Balance Beginning This Period <input type="text" value="1305.00"/>	Transaction ID : PAYD3367	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1305.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="1992.50"/>	Transaction ID : PAYD9591	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1992.50"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE/REPORTING
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="3007.50"/>	Transaction ID : PAYD9592	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3007.50"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="6305.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 143 OF 143
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMENCOUNT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="1890.94"/>	Transaction ID : PAYD11385	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1890.94"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor VIEW AVENUE GROUP			Nature of Debt (Purpose): COMPLIANCE SERVICES
Mailing Address 393 7TH AVENUE, SUITE 301			
City SAN FRANCISCO	State CA	Zip Code 94118	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : PAYD12409	
Amount Incurred This Period <input type="text" value="2501.05"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2501.05"/>

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4391.99"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="10696.99"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10696.99"/>