

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

L PAC

ADDRESS (number and street) PO Box 76940

Check if different than previously reported. (ACC) Washington DC 20013

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

C C00519413 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

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

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

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

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

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

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

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

Rosen, Hilary, , ,

Type or Print Name of Treasurer

Signature of Treasurer Rosen, Hilary, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 31 / 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.

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

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

L 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"/>		69745.55
(b) Cash on Hand at Beginning of Reporting Period.....	69745.55	
(c) Total Receipts (from Line 19)	415978.34	415978.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	485723.89	485723.89
7. Total Disbursements (from Line 31).....	384927.26	384927.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	100796.63	100796.63
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

L PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y Y 06 / 30 / 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).....	15250.00	15250.00
(ii) Unitemized	440.48	440.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15690.48	15690.48
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15690.48	15690.48
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.....	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	398287.86	398287.86
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)).....▶	415978.34	415978.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	415978.34	415978.34

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	315.03	315.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	315.03	315.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	6500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	378112.23	378112.23
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)) ..	384927.26	384927.26
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	384927.26	384927.26

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	15690.48	15690.48
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15690.48	15690.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	315.03	315.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	315.03	315.03

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 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)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Dressel, Laura, , ,		Date of Receipt MM / DD / YYYY 01 / 27 / 2017
Mailing Address 169 Virginia Ave		Transaction ID : VNW3HF1NCH2
City Asheville	State NC	Zip Code 28806-3217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) The Family Health Centers	Occupation (for Individual) Family Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Newstat, Joyce, , ,		Date of Receipt MM / DD / YYYY 03 / 11 / 2017
Mailing Address 1200 California St # 27		Transaction ID : VNW3HF4Q462
City San Francisco	State CA	Zip Code 94109-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Policy Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ricketts, Laura, , ,		Date of Receipt MM / DD / YYYY 02 / 21 / 2017
Mailing Address 430 Sheridan Rd		Transaction ID : VNW3HF4Q446
City Wilmette	State IL	Zip Code 60091-2821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Chicago Cubs	Occupation (for Individual) Co-Owner	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....	10250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 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)
L PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ritchie, Alix, L, ,

Mailing Address PO Box 30220

City Fort Lauderdale State FL Zip Code 33303-0220

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

Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2017

Transaction ID : VNW3HF2Q296

Amount of Each Receipt this Period
5000.00

Memo Item

B. 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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	15250.00

**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 8 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Allee, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 265 Riverside Dr
 Apt 10E
 City New York State NY Zip Code 10025-5249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United Nations Occupation (for Individual) political analyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 03 / 2017
Transaction ID : VNW3HF6QQ75
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Allison, Meryl, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 Pound Ridge Rd
 City Bedford State NY Zip Code 10506-1238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allison Strategic Consulting, LLC Occupation (for Individual) Management Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 03 / 2017
Transaction ID : VNW3HF6QG38
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

C. AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 New Jersey Ave NW
 City Washington State DC Zip Code 20001-2029
 FEC ID number of contributing federal political committee. **C** C00028860
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2017
Transaction ID : VNW3HF9WD26
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Asher, Desiree, , ,		Date of Receipt MM / DD / YYYY 06 / 26 / 2017
Mailing Address 350 E Las Olas Blvd Ste 1900		Transaction ID : VNW3HF9K002
City Fort Lauderdale	State FL	Zip Code 33301-4217
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Child Rescue Coalition	Occupation (for Individual) Managing Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Axelrod, Susan, , ,		Date of Receipt MM / DD / YYYY 05 / 03 / 2017
Mailing Address 25 Plaza St W Apt 6F		Transaction ID : VNW3HF6QFE5
City Brooklyn	State NY	Zip Code 11217-3942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) City of NY	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ayers, Tess, , ,		Date of Receipt MM / DD / YYYY 05 / 16 / 2017
Mailing Address 21700 Oxnard St Ste 2030		Transaction ID : VNW3HF7QNH0
City Woodland Hills	State CA	Zip Code 91367-7545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) self	Occupation (for Individual) producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	5750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Baltazar, Lisa, G, ,			Date of Receipt MM / DD / YYYY 06 / 22 / 2017
Mailing Address 201 E 25th St Apt 9D			Transaction ID : VNW3HF9EZ84
City New York	State NY	Zip Code 10010-3006	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Zurich Global Life		Occupation (for Individual) Attorney	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Barrios Paoli, Lilliam, , ,			Date of Receipt MM / DD / YYYY 06 / 13 / 2017
Mailing Address 320 Riverside Dr Apt 10F			Transaction ID : VNW3HF90655
City New York	State NY	Zip Code 10025-4115	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Hunter College/CUNY		Occupation (for Individual) Senior Advisor to the President	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Battle, Juan, , ,			Date of Receipt MM / DD / YYYY 05 / 03 / 2017
Mailing Address 564 E 17th St			Transaction ID : VNW3HF6QYJ7
City Brooklyn	State NY	Zip Code 11226-6608	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) City University of New York		Occupation (for Individual) Professor	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Belzberg, Leslie, , ,		Date of Receipt MM / DD / YYYY 03 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		Transaction ID : VNW3HF58V63
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Belzberg, Leslie, , ,		Date of Receipt MM / DD / YYYY 04 / 10 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		Transaction ID : VNW3HF5QXN6
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Belzberg, Leslie, , ,		Date of Receipt MM / DD / YYYY 04 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		Transaction ID : VNW3HF6FV96
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Belzberg, Leslie, , ,		Date of Receipt MM / DD / YYYY 05 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		Transaction ID : VNW3HF81KN6
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5750.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Belzberg, Leslie, , ,		Date of Receipt MM / DD / YYYY 06 / 25 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		Transaction ID : VNW3HF9ETD2
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6750.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Belzberg, Leslie, , ,		Date of Receipt MM / DD / YYYY 06 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		Transaction ID : VNW3HF9RK79
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 7000.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Bennett, Jim, , ,		Date of Receipt
Mailing Address 5353 N Magnolia Ave		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2017"/>
City Chicago	State IL	Zip Code 60640-2204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HF7PVF9
Name of Employer (for Individual) Lambda Legal		Occupation (for Individual) CCO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Berg, Robert, , ,		Date of Receipt
Mailing Address 242 E 19th St 5D		<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10003-2634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HF7SWK6
Name of Employer (for Individual) DSY Productions LLC		Occupation (for Individual) Production Designer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Berger, Sharon, , ,		Date of Receipt
Mailing Address 425 Union Ave		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2017"/>
City Cranford	State NJ	Zip Code 07016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : VNW3HF94AY4
Name of Employer (for Individual) HAKS		Occupation (for Individual) Engineer/Lawyer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="150.00"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/>
		<input type="checkbox"/> Memo Item
		Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
L PAC

A. Berger, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 Union Ave
 City Cranford State NJ Zip Code 07016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) HAKS Occupation (for Individual) Engineer/Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **06 / 24 / 2017**
Transaction ID : VNW3HF9ER89
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

B. Bonazinga, Angela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 W Vine St
 City Provincetown State MA Zip Code 02657-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 19 / 2017**
Transaction ID : VNW3HF94HM9
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

C. Brady, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 961 Lexington Ave Apt 2W
 City New York State NY Zip Code 10021-5160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Highway Wine & Spirits Occupation (for Individual) Regional Sales Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt **06 / 20 / 2017**
Transaction ID : VNW3HF9A7T2
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	550.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Brady, Jessica, , ,		Date of Receipt MM / DD / YYYY 06 / 28 / 2017
Mailing Address 961 Lexington Ave Apt 2W		Transaction ID : VNW3HF9NSJ5
City New York	State NY	Zip Code 10021-5160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Pacific Highway Wine & Spirits	Occupation (for Individual) Regional Sales Manager	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Burns, Richard, , ,		Date of Receipt MM / DD / YYYY 05 / 20 / 2017
Mailing Address 242 E 19th St 5D		Transaction ID : VNW3HF7SWJ8
City New York	State NY	Zip Code 10003-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Johnson Family Foundation	Occupation (for Individual) Interim Executive Director	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Canter, Robin, , ,		Date of Receipt MM / DD / YYYY 05 / 08 / 2017
Mailing Address 113 E 19th St		Transaction ID : VNW3HF6VQN5
City New York	State NY	Zip Code 10003-2110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Cathcart, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 E 9th St
 19E
 City New York State NY Zip Code 10003-5944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2017
Transaction ID : VNW3HF7RCK5
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

B. Cerbone, Annette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Central Park W
 Apt 14F
 City New York State NY Zip Code 10025-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) retired Occupation (for Individual) retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2017
Transaction ID : VNW3HF872C7
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

C. Cole, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Bethune St
 4
 City New York State NY Zip Code 10014-1807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weill Cornell Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2017
Transaction ID : VNW3HF8A1P5
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Cole, Curtis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Bethune St
 4
 City New York State NY Zip Code 10014-1807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Weill Cornell Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2017
Transaction ID : VNW3HF9ER47
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Non-Contribution Account

B. Coleman, Patricia K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2658 Del Mar Heights Rd
 # 262
 City Del Mar State CA Zip Code 92014-3100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) WTI Occupation (for Individual) consultant
 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
 05 / 26 / 2017
Transaction ID : VNW3HF81A92
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Non-Contribution Account

C. Colombo, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 378 6th Ave
 Apt 2
 City Brooklyn State NY Zip Code 11215-3383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JA New York Occupation (for Individual) Fundraiser
 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
 05 / 30 / 2017
Transaction ID : VNW3HF81SC7
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Colombo, Renee, , ,		Date of Receipt MM / DD / YYYY 06 / 24 / 2017
Mailing Address 378 6th Ave Apt 2		Transaction ID : VNW3HF9ERM3
City Brooklyn	State NY	Zip Code 11215-3383
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) JA New York	Occupation (for Individual) Fundraiser	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Columbia-Walsh, Meg, , ,		Date of Receipt MM / DD / YYYY 06 / 22 / 2017
Mailing Address 190 Christopher Columbus Dr		Transaction ID : VNW3HF9D9P0
City Jersey City	State NJ	Zip Code 07302-3432
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Wylei, Inc.	Occupation (for Individual) CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Coss, Clare, , ,		Date of Receipt MM / DD / YYYY 05 / 16 / 2017
Mailing Address 240 W 98th St Apt 14H		Transaction ID : VNW3HF7QAJ3
City New York	State NY	Zip Code 10025-5536
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Playwright, Librettist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Cruz, Ana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4836 W Flamingo Rd
 City Tampa State FL Zip Code 33611-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **03 / 11 / 2017**
Transaction ID : VNW3HF4G9Q0
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Non-Contribution Account

B. Cruz, Ana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4836 W Flamingo Rd
 City Tampa State FL Zip Code 33611-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt **03 / 13 / 2017**
Transaction ID : VNW3HF4GY70
 Amount of Each Receipt this Period 100.00
 Memo Item
 Non-Contribution Account

C. Cruz, Ana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4836 W Flamingo Rd
 City Tampa State FL Zip Code 33611-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : VNW3HF777T6
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	3600.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Cruz, Ana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4836 W Flamingo Rd
 City Tampa State FL Zip Code 33611-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt 06 / 24 / 2017
Transaction ID : VNW3HF9ERJ8
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

B. Dee, Sally, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3508 W Barcelona St
 City Tampa State FL Zip Code 33629-7010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Playbook Public Relations Occupation (for Individual) PR/Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2017
Transaction ID : VNW3HF9ETA8
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

C. DeSarno, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 Walnut St
 City Livingston State NJ Zip Code 07039-5007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AXA Advisors Occupation (for Individual) Financial Planner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 05 / 2017
Transaction ID : VNW3HF8B2J3
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Desmond, Laura, , ,		Date of Receipt MM / DD / YYYY 05 / 26 / 2017
Mailing Address 30 W Oak St Apt 15A		Transaction ID : VNW3HF80VH3
City Chicago	State IL	Zip Code 60610-8724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Founder	Occupation (for Individual) Eagle Vista Partners	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Desmond, Laura, , ,		Date of Receipt MM / DD / YYYY 06 / 28 / 2017
Mailing Address 30 W Oak St Apt 15A		Transaction ID : VNW3HF9NSR2
City Chicago	State IL	Zip Code 60610-8724
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Founder	Occupation (for Individual) Eagle Vista Partners	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Dixon, Karen, , ,		Date of Receipt MM / DD / YYYY 03 / 11 / 2017
Mailing Address 2414 Tracy Pl NW		Transaction ID : VNW3HF4GXZ6
City Washington	State DC	Zip Code 20008-1627
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50000.00
Name of Employer (for Individual) Schiavi Seeds	Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 50000.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	56000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Dixon, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2414 Tracy PI NW
 City Washington State DC Zip Code 20008-1627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schiavi Seeds Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 69000.00

Date of Receipt 06 / 30 / 2017
Transaction ID : VNW3HF9WJ91
 Amount of Each Receipt this Period 19000.00
 Memo Item
 Non-Contribution Account

B. Dreisbach, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 California St Unit 27C
 City San Francisco State CA Zip Code 94109-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2017
Transaction ID : VNW3HF9PVW6
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

C. Edwards, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30799 Pinetree Rd # 301
 City Pepper Pike State OH Zip Code 44124-5903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bill Edwards Investments Occupation (for Individual) Tech Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2017
Transaction ID : VNW3HF7SSS8
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	20500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Edwards, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30799 Pinetree Rd # 301
 City Pepper Pike State OH Zip Code 44124-5903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Tech Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 25 / 2017
Transaction ID : VNW3HF9ETB6
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Emes, Radley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1441 Q St NW
 City Washington State DC Zip Code 20009-3807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Property Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 01 / 2017
Transaction ID : VNW3HF88CK3
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Non-Contribution Account

C. Felicio, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Westchester Rd 39
 City Jamaica Plain State MA Zip Code 02130-3451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Catalyst Occupation (for Individual) COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2017
Transaction ID : VNW3HF4GVV1
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Felicio, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Westchester Rd
 39
 City Jamaica Plain State MA Zip Code 02130-3451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Community Catalyst Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 19 / 2017**
Transaction ID : VNW3HF946M6
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

B. Field, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Central Park W
 Apt 5A
 City New York State NY Zip Code 10023-6006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Field Real Estate Holdings Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 21 / 2017**
Transaction ID : VNW3HF7T0Q7
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

C. Gay, Faith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 5th Ave
 Apt 3A
 City New York State NY Zip Code 10011-8843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Quinn Emanuel Urquhart & Sullivan, LLP Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 05 / 2017**
Transaction ID : VNW3HF8AT38
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶ 2500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Giske, Emily, , ,			Date of Receipt MM / DD / YYYY 06 / 16 / 2017
Mailing Address 440 W 24th St Apt 3F			Transaction ID : VNW3HF92MM0
City New York	State NY	Zip Code 10011-1350	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Bolton St Johns		Occupation (for Individual) New York State Lobbyist	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Goldberg, Phillip, M, ,			Date of Receipt MM / DD / YYYY 01 / 20 / 2017
Mailing Address 2323 N Janssen Ave			Transaction ID : VNW3HF1B368
City Chicago	State IL	Zip Code 60614-3019	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Foley & Lardner LLP		Occupation (for Individual) attorney	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Goodman, Anne, , ,			Date of Receipt MM / DD / YYYY 01 / 22 / 2017
Mailing Address 922 President St 3R			Transaction ID : VNW3HF1BJ10
City Brooklyn	State NY	Zip Code 11215-1695	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Brightpoint Health		Occupation (for Individual) nutritionist	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 10.00	

SUBTOTAL of Receipts This Page (optional).....	760.00
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 26 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Goodman, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 922 President St
 3R
 City Brooklyn State NY Zip Code 11215-1695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brightpoint Health Occupation (for Individual) nutritionist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20.00

Date of Receipt **02 / 22 / 2017**
Transaction ID : VNW3HF2W6M1
 Amount of Each Receipt this Period 10.00
 Memo Item
 Non-Contribution Account

B. Goodman, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 922 President St
 3R
 City Brooklyn State NY Zip Code 11215-1695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brightpoint Health Occupation (for Individual) nutritionist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt **03 / 22 / 2017**
Transaction ID : VNW3HF4VV54
 Amount of Each Receipt this Period 10.00
 Memo Item
 Non-Contribution Account

C. Goodman, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 922 President St
 3R
 City Brooklyn State NY Zip Code 11215-1695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brightpoint Health Occupation (for Individual) nutritionist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt **04 / 22 / 2017**
Transaction ID : VNW3HF664T8
 Amount of Each Receipt this Period 10.00
 Memo Item
 Non-Contribution Account

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 27 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Goodman, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 922 President St
 3R
 City Brooklyn State NY Zip Code 11215-1695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brightpoint Health nutritionist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2017
Transaction ID : VNW3HF6QFW3
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Non-Contribution Account

B. Goodman, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 922 President St
 3R
 City Brooklyn State NY Zip Code 11215-1695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brightpoint Health nutritionist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2017
Transaction ID : VNW3HF7T1E8
 Amount of Each Receipt this Period
 10.00
 Memo Item
 Non-Contribution Account

C. Gottesman, Archie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fernwood Rd
 City Summit State NJ Zip Code 07901-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 STARCH Branding LLC Branding Professional
 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
 06 / 28 / 2017
Transaction ID : VNW3HF9Q1W9
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	1260.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Gottesman, Margery, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Fernwood Rd
 City Summit State NJ Zip Code 07901-2954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) JewBelong, Inc. Occupation (for Individual) Co-Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 19 / 2017
Transaction ID : VNW3HF9A325
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

B. Grainger, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 56 Court St Apt 2E
 City Brooklyn State NY Zip Code 11201-4903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Civitas Public Affairs Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 23 / 2017
Transaction ID : VNW3HF9EQ03
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

C. Gund, Agnes, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 765 Park Ave Apt 14B
 City New York State NY Zip Code 10021-4271
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Museum of Modern Art Occupation (for Individual) President Emerita, Art Historian
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 17 / 2017
Transaction ID : VNW3HF7R449
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 29 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Harrell, Michael, , ,		Date of Receipt MM / DD / YYYY 05 / 16 / 2017
Mailing Address 3 E 69th St Apt 5A		Transaction ID : VNW3HF7QAY8
City New York	State NY	Zip Code 10021-4943
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Law Offices of Michael Harrell	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hergott, Alan, , ,		Date of Receipt MM / DD / YYYY 04 / 12 / 2017
Mailing Address 150 S Rodeo Dr		Transaction ID : VNW3HF5RCS9
City Beverly Hills	State CA	Zip Code 90212-2408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Bloom Hergott et al	Occupation (for Individual) Lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ketner, Linda, , ,		Date of Receipt MM / DD / YYYY 05 / 01 / 2017
Mailing Address 3554 Bohicket Rd		Transaction ID : VNW3HF6GES0
City Johns Island	State SC	Zip Code 29455-7223
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) KSI	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Kloss, Ilana, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W 79th St
 Ph 1B
 City New York State NY Zip Code 10024-6495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) World Team Tennis Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 07 / 2017**
Transaction ID : VNW3HF8T0E7
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Kohl, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 680 N Lake Shore Dr
 Apt 1302
 City Chicago State IL Zip Code 60611-4482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robert Kohl Co Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **05 / 20 / 2017**
Transaction ID : VNW3HF7SV97
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

C. Lande, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 130 S Hewitt St
 Apt 20
 City Los Angeles State CA Zip Code 90012-4421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Terra Holdings and Lande Realty Occupation (for Individual) Real Estate Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 29 / 2017**
Transaction ID : VNW3HF9TJH9
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Layng, Pamela, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 248 Cortez Rd
 City West Palm Beach State FL Zip Code 33405-4106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PJL Associates Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 31 / 2017**
Transaction ID : VNW3HF5AGV2
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

B. Levy, Bonnie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 W 86th St
 City New York State NY Zip Code 10024-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **06 / 02 / 2017**
Transaction ID : VNW3HF8A1N7
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

C. Linsky, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 Evergreen Way
 City Sleepy Hollow State NY Zip Code 10591-1119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) McDermott Will & Emery Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 22 / 2017**
Transaction ID : VNW3HF9EZ50
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Lippitz, Brad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 551 W Stratford Pl
 City Chicago State IL Zip Code 60657-2629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berkshire Hathaway Home Services Occupation (for Individual) Real Estate Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **02 / 10 / 2017**
Transaction ID : VNW3HF2BXP3
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

B. Lord, Chastity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 483 Hancock St # 1
 City Brooklyn State NY Zip Code 11233-1016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Color of Change Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 22 / 2017**
Transaction ID : VNW3HF9D989
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

C. Marcus, H. Gwen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Broadway # PH1B
 City New York State NY Zip Code 10023-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Showtime Networks Inc. Occupation (for Individual) EVP & General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 15 / 2017**
Transaction ID : VNW3HF7HCD2
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	6500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Melnick, PhD, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Riverside Blvd
 6A
 City New York State NY Zip Code 10069-0701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) Psychologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 14 / 2017**
Transaction ID : VNW3HF90T91
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

B. Miller, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 320 Central Park W
 18D
 City New York State NY Zip Code 10025-7659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Writer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 19 / 2017**
Transaction ID : VNW3HF7SM00
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

C. Nash, Gillian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Leeward Rd
 City Belvedere Tiburon State CA Zip Code 94920-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **03 / 11 / 2017**
Transaction ID : VNW3HF4G9S6
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Nash, Gillian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Leeward Rd
 City Belvedere Tiburon State CA Zip Code 94920-2321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : VNW3HF81Q32
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

B. Newstat, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 California St # 27
 City San Francisco State CA Zip Code 94109-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 11 / 2017**
Transaction ID : VNW3HF4G9M7
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

C. Newstat, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 California St # 27
 City San Francisco State CA Zip Code 94109-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5250.00

Date of Receipt **03 / 13 / 2017**
Transaction ID : VNW3HF4GVT3
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	10250.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Newstat, Joyce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 California St # 27
 City San Francisco State CA Zip Code 94109-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10250.00

Date of Receipt 06 / 20 / 2017
Transaction ID : VNW3HF9CH21
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

B. Pariseau, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Washington St 6U
 City Brooklyn State NY Zip Code 11201-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Side Advisors Occupation (for Individual) Portfolio Strategist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt 06 / 20 / 2017
Transaction ID : VNW3HF9A7S4
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

C. Pariseau, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Washington St 6U
 City Brooklyn State NY Zip Code 11201-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Side Advisors Occupation (for Individual) Portfolio Strategist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 24 / 2017
Transaction ID : VNW3HF9ERC0
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 5300.00
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 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 checked="" 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)
L PAC

A. Pile, Kathryn, E, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16407 John Rowland Trl

City Milton	State DE	Zip Code 19968-3548
----------------	-------------	------------------------

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

Name of Employer (for Individual) Promontory Interfinancial Network	Occupation (for Individual) Chief Risk Officer
--	---

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
04	/	21	/	2017

Transaction ID : VNW3HF660N1

Amount of Each Receipt this Period
1000.00

Memo Item

Non-Contribution Account

B. Podlodowski, Tina, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1620 7th Ave W

City Seattle	State WA	Zip Code 98119-2919
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Washington Democrats	Occupation (for Individual) Chair
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	08	/	2017

Transaction ID : VNW3HF0Y3D2

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

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

Mailing Address 1620 7th Ave W

City Seattle	State WA	Zip Code 98119-2919
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Washington Democrats	Occupation (for Individual) Chair
---	--------------------------------------

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
02	/	08	/	2017

Transaction ID : VNW3HF2AW73

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Podlodowski, Tina, , ,			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98119-2919	Transaction ID : VNW3HF4D7D4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Podlodowski, Tina, , ,			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98119-2919	Transaction ID : VNW3HF4G9F9
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="850.00"/>		Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Podlodowski, Tina, , ,			Date of Receipt
Mailing Address 1620 7th Ave W			<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2017"/>
City Seattle	State WA	Zip Code 98119-2919	Transaction ID : VNW3HF5KS74
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Washington Democrats		Occupation (for Individual) Chair	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>		Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Podlodowski, Tina, , ,		Date of Receipt MM / DD / YYYY 05 / 08 / 2017
Mailing Address 1620 7th Ave W		Transaction ID : VNW3HF6TR94
City Seattle	State WA	Zip Code 98119-2919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Washington Democrats	Occupation (for Individual) Chair	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1350.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Podlodowski, Tina, , ,		Date of Receipt MM / DD / YYYY 06 / 08 / 2017
Mailing Address 1620 7th Ave W		Transaction ID : VNW3HF8T277
City Seattle	State WA	Zip Code 98119-2919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Washington Democrats	Occupation (for Individual) Chair	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Podlodowski, Tina, , ,		Date of Receipt MM / DD / YYYY 06 / 22 / 2017
Mailing Address 1620 7th Ave W		Transaction ID : VNW3HF9DCX1
City Seattle	State WA	Zip Code 98119-2919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Washington Democrats	Occupation (for Individual) Chair	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2600.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 40 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Raymond, Louise, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 378 6th Ave
 City Brooklyn State NY Zip Code 11215-3464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LRaymond Advisors Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 29 / 2017**
Transaction ID : VNW3HF9TJD7
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Ricketts, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 430 Sheridan Rd
 City Wilmette State IL Zip Code 60091-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 98000.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : VNW3HF4PZS0
 Amount of Each Receipt this Period 98000.00
 Memo Item
 Non-Contribution Account

C. Ritchie, Alix, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30220
 City Fort Lauderdale State FL Zip Code 33303-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 45000.00

Date of Receipt **02 / 15 / 2017**
Transaction ID : VNW3HF2Q288
 Amount of Each Receipt this Period 45000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	144000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Ritchie, Alix, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 30220
 City Fort Lauderdale State FL Zip Code 33303-0220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 45100.00

Date of Receipt **03 / 13 / 2017**
Transaction ID : VNW3HF4GY38
 Amount of Each Receipt this Period 100.00
 Memo Item
 Non-Contribution Account

B. Rizzo, Cindy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 W 93rd St Apt 2C
 City New York State NY Zip Code 10025-7224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arcus Foundation Occupation (for Individual) Philanthropy manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 03 / 2017**
Transaction ID : VNW3HF6QD99
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

C. Robasciotti, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 Market St Ste 1275
 City San Francisco State CA Zip Code 94102-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Wealth Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **04 / 26 / 2017**
Transaction ID : VNW3HF6AXH4
 Amount of Each Receipt this Period 600.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	950.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Robasciotti, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 Market St
 Ste 1275
 City San Francisco State CA Zip Code 94102-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Wealth Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt **04 / 27 / 2017**
Transaction ID : VNW3HF6C614
 Amount of Each Receipt this Period 200.00
 Memo Item
 Non-Contribution Account

B. Robasciotti, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 Market St
 Ste 1275
 City San Francisco State CA Zip Code 94102-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Wealth Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt **05 / 26 / 2017**
Transaction ID : VNW3HF81Q40
 Amount of Each Receipt this Period 650.00
 Memo Item
 Non-Contribution Account

C. Robasciotti, Rachel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 870 Market St
 Ste 1275
 City San Francisco State CA Zip Code 94102-2918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Wealth Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **05 / 27 / 2017**
Transaction ID : VNW3HF81CS2
 Amount of Each Receipt this Period 200.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Robasciotti, Rachel, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2017	
Mailing Address 870 Market St Ste 1275			Transaction ID : VNW3HF9M918	
City San Francisco	State CA	Zip Code 94102-2918	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Robasciotti & Philipson		Occupation (for Individual) Wealth Manager	Non-Contribution Account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1850.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Rosen, Hilary, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2017	
Mailing Address 4835 Hutchins PI NW			Transaction ID : VNW3HF4G9R8	
City Washington	State DC	Zip Code 20007-1529	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) SKDKnickerbocker		Occupation (for Individual) PR	Non-Contribution Account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Rosen, Hilary, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2017	
Mailing Address 4835 Hutchins PI NW			Transaction ID : VNW3HF5PDT3	
City Washington	State DC	Zip Code 20007-1529	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) SKDKnickerbocker		Occupation (for Individual) PR	Non-Contribution Account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2000.00		

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Rosen, Hilary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4835 Hutchins PI NW
 City Washington State DC Zip Code 20007-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) PR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **05 / 11 / 2017**
Transaction ID : VNW3HF6YWNO
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Rosen, Hilary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4835 Hutchins PI NW
 City Washington State DC Zip Code 20007-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) PR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt **06 / 11 / 2017**
Transaction ID : VNW3HF8VK39
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

C. Rosen, Hilary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4835 Hutchins PI NW
 City Washington State DC Zip Code 20007-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) PR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 14000.00

Date of Receipt **06 / 20 / 2017**
Transaction ID : VNW3HF9CJ22
 Amount of Each Receipt this Period 10000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	12000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Rozenstrich, Guy, , ,		Date of Receipt MM / DD / YYYY 06 / 24 / 2017
Mailing Address 61 Horatio St Apt 5F		Transaction ID : VNW3HF9ERE6
City New York	State NY	Zip Code 10014-1594
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Phoenix Roze	Occupation (for Individual) Artist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Russo, Barbara, , ,		Date of Receipt MM / DD / YYYY 03 / 11 / 2017
Mailing Address 390 1st Ave 12A		Transaction ID : VNW3HF4G9X8
City New York	State NY	Zip Code 10010-4933
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Barbara Russo STRATEGICS	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Russo, Barbara, , ,		Date of Receipt MM / DD / YYYY 06 / 01 / 2017
Mailing Address 390 1st Ave 12A		Transaction ID : VNW3HF87SC7
City New York	State NY	Zip Code 10010-4933
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Barbara Russo STRATEGICS	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Russo, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 390 1st Ave
 12A
 City New York State NY Zip Code 10010-4933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Barbara Russo STRATEGICS Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 22 / 2017
Transaction ID : VNW3HF9EZ35
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

B. Salomon, Jessica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Washington St
 2B
 City Brooklyn State NY Zip Code 11201-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Comic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 24 / 2017
Transaction ID : VNW3HF9ER13
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

C. Sandimirova, Alena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Spruce St
 Apt 44B
 City New York State NY Zip Code 10038-5232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Automic Gold Occupation (for Individual) Founder and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2017
Transaction ID : VNW3HF9ERP9
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Sherman, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 753 Springs Fireplace Rd
 City East Hampton State NY Zip Code 11937-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 28 / 2017**
Transaction ID : VNW3HFBGTV2
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Sherman, Jayne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 753 Springs Fireplace Rd
 City East Hampton State NY Zip Code 11937-1507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Producer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **06 / 24 / 2017**
Transaction ID : VNW3HF9ERK5
 Amount of Each Receipt this Period 500.00
 Memo Item
 Non-Contribution Account

C. Slavin, Jeffrey, Z., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5706 Warwick Pl
 City Chevy Chase State MD Zip Code 20815-5502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town of Somerset, MD Occupation (for Individual) Mayor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 10 / 2017**
Transaction ID : VNW3HF77064
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Sparks, Allison, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 Collingwood St
 City San Francisco State CA Zip Code 94114-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Queer Leaders in Philanthropy Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 25 / 2017**
Transaction ID : VNW3HF9ET90
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Stark, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Union St Apt 2D
 City Brooklyn State NY Zip Code 11215-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baruch College City University Occupation (for Individual) Attorney/Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50.00

Date of Receipt **01 / 21 / 2017**
Transaction ID : VNW3HF1B994
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

C. Stark, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Union St Apt 2D
 City Brooklyn State NY Zip Code 11215-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baruch College City University Occupation (for Individual) Attorney/Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : VNW3HF2TV51
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Stark, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Union St
 Apt 2D
 City Brooklyn State NY Zip Code 11215-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baruch College City University Occupation (for Individual) Attorney/Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt **03 / 21 / 2017**
Transaction ID : VNW3HF4V3C9
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

B. Stark, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Union St
 Apt 2D
 City Brooklyn State NY Zip Code 11215-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baruch College City University Occupation (for Individual) Attorney/Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **04 / 21 / 2017**
Transaction ID : VNW3HF65CC8
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

C. Stark, Martha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 Union St
 Apt 2D
 City Brooklyn State NY Zip Code 11215-1619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baruch College City University Occupation (for Individual) Attorney/Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 21 / 2017**
Transaction ID : VNW3HF7SXM7
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stark, Martha, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2017
Mailing Address 920 Union St Apt 2D			Transaction ID : VNW3HF9CP70
City Brooklyn	State NY	Zip Code 11215-1619	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Baruch College City University		Occupation (for Individual) Attorney/Professor	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Steinem, Gloria, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 26 / 2017
Mailing Address 118 E 73rd St Apt 1			Transaction ID : VNW3HF9JVK2
City New York	State NY	Zip Code 10021-4238	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self		Occupation (for Individual) Writer/Lecturer/Activist/Organizer	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Steiner, Maureen, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 16 / 2017
Mailing Address 830 Alameda Blvd			Transaction ID : VNW3HF167P4
City Coronado	State CA	Zip Code 92118-2407	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) n/a		Occupation (for Individual) Retired	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....	1100.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Steiner, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Alameda Blvd
 City Coronado State CA Zip Code 92118-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 100.00

Date of Receipt **02 / 16 / 2017**
Transaction ID : VNW3HF2QJG6
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

B. Steiner, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Alameda Blvd
 City Coronado State CA Zip Code 92118-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt **03 / 16 / 2017**
Transaction ID : VNW3HF4QF80
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

C. Steiner, Maureen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 830 Alameda Blvd
 City Coronado State CA Zip Code 92118-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) n/a Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **04 / 16 / 2017**
Transaction ID : VNW3HF5T818
 Amount of Each Receipt this Period 50.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	150.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Steiner, Maureen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 Alameda Blvd

City Coronado	State CA	Zip Code 92118-2407
------------------	-------------	------------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2017

Transaction ID : VNW3HF7PWY0

Amount of Each Receipt this Period
50.00

Memo Item

Non-Contribution Account

B. Steiner, Maureen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 830 Alameda Blvd

City Coronado	State CA	Zip Code 92118-2407
------------------	-------------	------------------------

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

Name of Employer (for Individual) n/a	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

Transaction ID : VNW3HF91H31

Amount of Each Receipt this Period
50.00

Memo Item

Non-Contribution Account

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

Mailing Address 450 W 14th St
FI 9

City New York	State NY	Zip Code 10014-1059
------------------	-------------	------------------------

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

Name of Employer (for Individual) Streamline Circle LLC	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

Transaction ID : VNW3HF65J71

Amount of Each Receipt this Period
5000.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	5100.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. Stubbs, Rennae, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33A Ellwood St
 City Glen Cove State NY Zip Code 11542-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) self Occupation (for Individual) tv host
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 22 / 2017**
Transaction ID : VNW3HF9DC77
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Non-Contribution Account

B. Terkelsen, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Bellows Ct
 City Southampton State NY Zip Code 11968-5088
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **06 / 24 / 2017**
Transaction ID : VNW3HF9ERT1
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-Contribution Account

C. Tiger, Abbe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 E 24th St 12C
 City New York State NY Zip Code 10010-4011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Computershare Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 12 / 2017**
Transaction ID : VNW3HF77C01
 Amount of Each Receipt this Period 250.00
 Memo Item
 Non-Contribution Account

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tiven, Rachel, , ,			Date of Receipt MM / DD / YYYY 05 / 22 / 2017
Mailing Address 595 W End Ave # 11C			Transaction ID : VNW3HF7YKZ3
City New York	State NY	Zip Code 10024-1727	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lambda Legal		Occupation (for Individual) CEO	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tiven, Rachel, , ,			Date of Receipt MM / DD / YYYY 06 / 24 / 2017
Mailing Address 595 W End Ave # 11C			Transaction ID : VNW3HF9ERF4
City New York	State NY	Zip Code 10024-1727	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lambda Legal		Occupation (for Individual) CEO	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Tobias, Andrew, , ,			Date of Receipt MM / DD / YYYY 06 / 03 / 2017
Mailing Address 146 Central Park W			Transaction ID : VNW3HF8AHX4
City New York	State NY	Zip Code 10023-6297	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) self		Occupation (for Individual) writer	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 55 OF 143
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Tomchin, Joy, , ,		Date of Receipt MM / DD / YYYY 06 / 25 / 2017
Mailing Address 252 7th Ave Apt 15D		Transaction ID : VNW3HF9EX63
City New York	State NY	Zip Code 10001-7348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25000.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Turkel, Judith, , ,		Date of Receipt MM / DD / YYYY 05 / 03 / 2017
Mailing Address 235 E 22nd St Apt 10G		Transaction ID : VNW3HF6QP56
City New York	State NY	Zip Code 10010-4637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Turkel Forman LLP	Occupation (for Individual) lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vaid, Rachna, , ,		Date of Receipt MM / DD / YYYY 06 / 24 / 2017
Mailing Address 115 E 9th St		Transaction ID : VNW3HF9ERD8
City New York	State NY	Zip Code 10003-5414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) New York University	Occupation (for Individual) Compliance Officer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	26250.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vaid, Urvashi, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2017
Mailing Address 230 W End Ave Apt 10C		Transaction ID : VNW3HF4GXY9
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Self	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vaid, Urvashi, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 27 / 2017
Mailing Address 230 W End Ave Apt 10C		Transaction ID : VNW3HF9MAR2
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Victoria, Donna, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 03 / 2017
Mailing Address 1104 Merwood Dr		Transaction ID : VNW3HF6QQP3
City Takoma Park	State MD	Zip Code 20912-6912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Victoria Research	Occupation (for Individual) Survey Research	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vogel, Erin, , ,		Date of Receipt MM / DD / YYYY 02 / 22 / 2017
Mailing Address 1616 W Montrose Ave Apt 2F		Transaction ID : VNW3HF2X6P5
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vogel, Erin, , ,		Date of Receipt MM / DD / YYYY 03 / 22 / 2017
Mailing Address 1616 W Montrose Ave Apt 2F		Transaction ID : VNW3HF4VW15
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Vogel, Erin, , ,		Date of Receipt MM / DD / YYYY 04 / 22 / 2017
Mailing Address 1616 W Montrose Ave Apt 2F		Transaction ID : VNW3HF665F4
City Chicago	State IL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vogel, Erin, , ,			Date of Receipt MM / DD / YYYY 05 / 22 / 2017
Mailing Address 1616 W Montrose Ave Apt 2F			Transaction ID : VNW3HF7T335
City Chicago	State IL	Zip Code 60613-1796	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Publicis Media		Occupation (for Individual) Content Marketing	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Vogel, Erin, , ,			Date of Receipt MM / DD / YYYY 06 / 22 / 2017
Mailing Address 1616 W Montrose Ave Apt 2F			Transaction ID : VNW3HF9D9C1
City Chicago	State IL	Zip Code 60613-1796	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Publicis Media		Occupation (for Individual) Content Marketing	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WATSON, OLIVE, , ,			Date of Receipt MM / DD / YYYY 04 / 28 / 2017
Mailing Address 8 Deerfield Rd			Transaction ID : VNW3HF6DFQ6
City Sag Harbor	State NY	Zip Code 11963-3512	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Oz Inc		Occupation (for Individual) Entrepreneur	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Weiner, Shari, , ,			Date of Receipt MM / DD / YYYY 06 / 27 / 2017
Mailing Address 17 Gloucester St Apt E3D			Transaction ID : VNW3HF9MWY7
City Boston	State MA	Zip Code 02115-2017	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Murphy McLeon Law		Occupation (for Individual) Attorney	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Weingarten, Rhonda, , ,			Date of Receipt MM / DD / YYYY 06 / 22 / 2017
Mailing Address 675 Academy St Apt 6D			Transaction ID : VNW3HF9E776
City New York	State NY	Zip Code 10034-4200	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) American Federation of Teachers		Occupation (for Individual) President	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Young, Shelley, , ,			Date of Receipt MM / DD / YYYY 01 / 20 / 2017
Mailing Address 9626 Union Pier Rd			Transaction ID : VNW3HF1B3B7
City Union Pier	State MI	Zip Code 49129-9411	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Tenka Inc		Occupation (for Individual) CEO	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	392500.00

**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 60 OF 143
<input 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 checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. PRAMILA FOR CONGRESS
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 20753

City Seattle	State WA	Zip Code 98102-1753
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00605592

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2017

Transaction ID : VNW3HF2GMQ9

Amount of Each Receipt this Period
2000.00

Memo Item

B.
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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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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).....	2000.00

**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)
L PAC

Full Name (Last, First, Middle Initial) A. Friends of Cathy Woolard		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address PO Box 160092		FEC Identification Number C C00399469 Transaction ID : VNV499VWA: Amount of Each Disbursement this Period 1000.00
City Atlanta	State GA	Zip Code 30316-1002
Purpose of Disbursement Federal Campaign Contribution		011 Category/ Type
Candidate Name Woolard, Cathy, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 04	

Full Name (Last, First, Middle Initial) B. Jenny Durkan for Seattle		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 603 Stewart St Ste 819		FEC Identification Number C Transaction ID : VNV499VWAF Amount of Each Disbursement this Period 500.00
City Seattle	State WA	Zip Code 98101-1229
Purpose of Disbursement Campaign Contribution		011 Category/ Type
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. Tammy Baldwin for Senate		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 633 W Wisconsin Ave Ste 1920		FEC Identification Number C C00326801 Transaction ID : VNV499VWF. Amount of Each Disbursement this Period 5000.00
City Milwaukee	State WI	Zip Code 53203-1918
Purpose of Disbursement Federal Campaign Contribution		011 Category/ Type
Candidate Name Baldwin, Tammy, , ,		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI	District: 00	

SUBTOTAL of Disbursements This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	6500.00

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

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Acer.com		Date of Disbursement MM / DD / YYYY 01 / 13 / 2017
Mailing Address 333 W San Carlos St Ste 1500		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW6 Amount of Each Disbursement this Period 729.99
City San Jose	State CA	Zip Code 95110-2738
Purpose of Disbursement Office supplies		Category/ Type
Candidate Name		
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. Allison Strategic Consulting		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017
Mailing Address 211 Pound Ridge Rd		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW62 Amount of Each Disbursement this Period 9750.00
City Bedford	State NY	Zip Code 10506-1238
Purpose of Disbursement Strategic Consulting		Category/ Type
Candidate Name		
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) C. Allison Strategic Consulting		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 211 Pound Ridge Rd		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 10384.89
City Bedford	State NY	Zip Code 10506-1238
Purpose of Disbursement Strategic Consulting		Category/ Type
Candidate Name		
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	

SUBTOTAL of Disbursements This Page (optional).....▶	20864.88
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW71

Amount of Each Disbursement this Period: 46.46

Memo Item

B. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW72

Amount of Each Disbursement this Period: 236.30

Memo Item

C. Amazon

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 24 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW7:

Amount of Each Disbursement this Period: 71.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 353.82

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 02 / 22 / 2017
Mailing Address 201 I St NE		FEC Identification Number C Transaction ID : VNV499VW77 Amount of Each Disbursement this Period 289.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 201 I St NE		FEC Identification Number C Transaction ID : VNV499VW78 Amount of Each Disbursement this Period 330.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 03 / 20 / 2017
Mailing Address 201 I St NE		FEC Identification Number C Transaction ID : VNV499VW7! Amount of Each Disbursement this Period 118.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....▶	737.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 03 / 29 / 2017
Mailing Address 201 I St NE		FEC Identification Number C Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 41.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017
Mailing Address 201 I St NE		FEC Identification Number C Transaction ID : VNV499VW7E Amount of Each Disbursement this Period 187.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 06 / 05 / 2017
Mailing Address 201 I St NE		FEC Identification Number C Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 531.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20002-4449	Purpose of Disbursement Fundraising Travel Expenses	Category/ Type
Candidate Name	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:	

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

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

759.00

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

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NAME OF COMMITTEE (In Full)
L PAC

A. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement Travel Expenses - Ground

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW7I

Amount of Each Disbursement this Period: 58.00

Memo Item

B. Amtrak

Full Name (Last, First, Middle Initial)

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement Fundraising Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW7E

Amount of Each Disbursement this Period: 532.00

Memo Item

C. AtDAV Productions

Full Name (Last, First, Middle Initial)

Mailing Address 708 E 135th St

City Bronx State NY Zip Code 10454-3409

Purpose of Disbursement Event Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW7I

Amount of Each Disbursement this Period: 1340.24

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1930.24

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address PO Box 8999		FEC Identification Number C Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 40.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Authorize.net		Date of Disbursement MM / DD / YYYY 04 / 04 / 2017
Mailing Address PO Box 8999		FEC Identification Number C Transaction ID : VNV499VWG Amount of Each Disbursement this Period 40.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Authorize.net		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address PO Box 8999		FEC Identification Number C Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 40.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Category/ Type
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	120.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Authorize.net		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017
Mailing Address PO Box 8999		FEC Identification Number C
City San Francisco	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : VNV499VW7
Candidate Name		Amount of Each Disbursement this Period 40.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Bankcard		Date of Disbursement MM / DD / YYYY 01 / 04 / 2017
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number C
City Agoura Hills	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : VNV499VWN
Candidate Name		Amount of Each Disbursement this Period 88.06
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Bankcard		Date of Disbursement MM / DD / YYYY 02 / 02 / 2017
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number C
City Agoura Hills	State CA	
Purpose of Disbursement Credit Card Processing Fees		Transaction ID : VNV499VWN
Candidate Name		Amount of Each Disbursement this Period 88.06
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

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

216.12

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

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 / 02 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWN

Amount of Each Disbursement this Period: 315.98

Memo Item

B. Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

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: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWN

Amount of Each Disbursement this Period: 608.21

Memo Item

C. Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

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: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW7

Amount of Each Disbursement this Period: 365.02

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1289.21

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. Bankcard		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>02</td> <td>/</td> <td>2017</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06	/	02	/	2017
M M M	/	D D D	/	Y Y Y Y Y									
06	/	02	/	2017									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	C										
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : VNV499VW71										
Candidate Name			Amount of Each Disbursement this Period										
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) ▼		1458.15										
State: District:			<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. Bankcard		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>06</td> <td>/</td> <td>2017</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06	/	06	/	2017
M M M	/	D D D	/	Y Y Y Y Y									
06	/	06	/	2017									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	C										
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Transaction ID : VNV499VW7V										
Candidate Name			Amount of Each Disbursement this Period										
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)		1245.00										
State: District:			<input type="checkbox"/> Memo Item										

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. Benjamin, Erica, , ,		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td>/</td> <td>01</td> <td>/</td> <td>2017</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	06	/	01	/	2017
M M M	/	D D D	/	Y Y Y Y Y									
06	/	01	/	2017									
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number											
City Silver Spring	State MD	Zip Code 20903-2523	C										
Purpose of Disbursement Salary		Category/ Type	Transaction ID : VNV499VWVW										
Candidate Name			Amount of Each Disbursement this Period										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		1433.45										
State: District:			<input type="checkbox"/> Memo Item										

SUBTOTAL of Disbursements This Page (optional).....▶	4136.60
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Benjamin, Erica, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
06 / 15 / 2017

Mailing Address: 1416 Hampshire West Ct Apt 13

City: Silver Spring State: MD Zip Code: 20903-2523

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C**

Transaction ID : **VNV499VWWW**

Amount of Each Disbursement this Period: 1326.75

Memo Item Non-Contribution Account

B. Benjamin, Erica, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2017

Mailing Address: 1416 Hampshire West Ct Apt 13

City: Silver Spring State: MD Zip Code: 20903-2523

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C**

Transaction ID : **VNV499VWWW**

Amount of Each Disbursement this Period: 1326.76

Memo Item Non-Contribution Account

C. Brito, Janine, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
06 / 20 / 2017

Mailing Address: 1054 N Vista St Apt 9

City: West Hollywood State: CA Zip Code: 90046-6630

Purpose of Disbursement: Levity & Justice Event Talent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C**

Transaction ID : **VNV499VWVG**

Amount of Each Disbursement this Period: 500.00

Memo Item Non-Contribution Account

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3153.51

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. California Secretary of State		Date of Disbursement MM / DD / YYYY 01 / 04 / 2017
Mailing Address 1500 11th St Rm 495		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 280.00
City Sacramento	State CA	Zip Code 95814-5701
Purpose of Disbursement Operations Overhead		Category/ Type
Candidate Name		
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. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 01 / 03 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW7 Amount of Each Disbursement this Period 44.76
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type
Candidate Name		
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) C. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 01 / 06 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW8 Amount of Each Disbursement this Period 847.16
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type
Candidate Name		
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	

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

1171.92

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW81 Amount of Each Disbursement this Period 802.40
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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 Non-Contribution Account	

Full Name (Last, First, Middle Initial) B. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW82 Amount of Each Disbursement this Period 802.40
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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 Non-Contribution Account	

Full Name (Last, First, Middle Initial) C. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW8: Amount of Each Disbursement this Period 44.76
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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 Non-Contribution Account	

SUBTOTAL of Disbursements This Page (optional).....▶	1649.56
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Carefirst Bluecross/Blueshield

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW84

Amount of Each Disbursement this Period: 44.76

Memo Item

B. Carefirst Bluecross/Blueshield

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW85

Amount of Each Disbursement this Period: 802.40

Memo Item

C. Carefirst Bluecross/Blueshield

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health insurance

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW81

Amount of Each Disbursement this Period: 44.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 891.92

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 05 / 09 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW87 Amount of Each Disbursement this Period [REDACTED] 802.40 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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: _____	

Full Name (Last, First, Middle Initial) B. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 06 / 09 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW88 Amount of Each Disbursement this Period [REDACTED] 802.40 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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: _____	

Full Name (Last, First, Middle Initial) C. Carefirst Bluecross/Blueshield		Date of Disbursement MM / DD / YYYY 06 / 09 / 2017
Mailing Address 840 1st St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW8: Amount of Each Disbursement this Period [REDACTED] 44.76 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20065-0002
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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: _____	

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

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

[REDACTED] 1649.56
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

A. Carolines on Broadway

Mailing Address 1626 Broadway @ 49th Street

City New York State NY Zip Code 10019

Purpose of Disbursement Fundraising Event Venue

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2017

FEC Identification Number

C
Transaction ID : VNV499VW8/
Amount of Each Disbursement this Period
13146.37

Memo Item Non-Contribution Account

Full Name (Last, First, Middle Initial)

B. Carolines on Broadway

Mailing Address 1626 Broadway @ 49th Street

City New York State NY Zip Code 10019

Purpose of Disbursement Fundraising Event Venue

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2017

FEC Identification Number

C
Transaction ID : VNV499VW8E
Amount of Each Disbursement this Period
15893.40

Memo Item Non-Contribution Account

Full Name (Last, First, Middle Initial)

C. Carr Workplace

Mailing Address 1001 G St NW Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 03 / 2017

FEC Identification Number

C
Transaction ID : VNV499VW8I
Amount of Each Disbursement this Period
2726.82

Memo Item Non-Contribution Account

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

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

31766.59

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
L PAC

A. Carr Workplace

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 02 / 2017

FEC Identification Number: **C**

Transaction ID : **VNV499VW8f**

Amount of Each Disbursement this Period: 2776.82

Memo Item

B. Carr Workplace

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 02 / 2017

FEC Identification Number: **C**

Transaction ID : **VNV499VW8f**

Amount of Each Disbursement this Period: 2769.94

Memo Item

C. Carr Workplace

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 04 / 2017

FEC Identification Number: **C**

Transaction ID : **VNV499VW8.**

Amount of Each Disbursement this Period: 2726.82

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 8273.58

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Carr Workplace

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 24 / 2017

FEC Identification Number: C
Transaction ID : VNV499VW8C
Amount of Each Disbursement this Period: 2999.50
Non-Contribution Account
 Memo Item

B. Carr Workplace

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 22 / 2017

FEC Identification Number: C
Transaction ID : VNV499VW8C
Amount of Each Disbursement this Period: 3092.84
Non-Contribution Account
 Memo Item

C. Carr Workplace

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW
Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement
Rent, Parking, Utilities

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 23 / 2017

FEC Identification Number: C
Transaction ID : VNV499VW8C
Amount of Each Disbursement this Period: 3041.90
Non-Contribution Account
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 9134.24

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. CenturyDirect		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 15 Enter Ln		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW8I
City Islandia	State NY	Zip Code 11749-4811
Purpose of Disbursement Event Printing		Amount of Each Disbursement this Period 2968.72
Candidate Name		Non-Contribution Account
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) ▼	Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Chima Brazilian		Date of Disbursement MM / DD / YYYY 03 / 03 / 2017
Mailing Address 8010 Towers Crescent Dr Ste 100		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW8I
City Vienna	State VA	Zip Code 22182-2742
Purpose of Disbursement Board Dinners		Amount of Each Disbursement this Period 252.00
Candidate Name		Non-Contribution Account
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) ▼	Memo Item
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Chima Brazilian		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address 8010 Towers Crescent Dr Ste 100		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW8I
City Vienna	State VA	Zip Code 22182-2742
Purpose of Disbursement Board Dinners		Amount of Each Disbursement this Period 1605.77
Candidate Name		Non-Contribution Account
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) ▼	Memo Item
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	4826.49
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. ClickMeeting

Full Name (Last, First, Middle Initial)

Mailing Address ul. Arkonska 6

City Gdansk State A4 Zip Code 80387

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW8f

Amount of Each Disbursement this Period: 2.37

Memo Item

B. ClickMeeting

Full Name (Last, First, Middle Initial)

Mailing Address ul. Arkonska 6

City Gdansk State A4 Zip Code 80387

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW8C

Amount of Each Disbursement this Period: 79.00

Memo Item

C. ClickMeeting

Full Name (Last, First, Middle Initial)

Mailing Address ul. Arkonska 6

City Gdansk State A4 Zip Code 80387

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW8l

Amount of Each Disbursement this Period: 2.37

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 83.74

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. ClickMeeting

Full Name (Last, First, Middle Initial)

Mailing Address ul. Arkonska 6

City Gdansk State A4 Zip Code 80387

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW8

Amount of Each Disbursement this Period: 79.00

Memo Item

B. ClickMeeting

Full Name (Last, First, Middle Initial)

Mailing Address ul. Arkonska 6

City Gdansk State A4 Zip Code 80387

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW8

Amount of Each Disbursement this Period: 2.37

Memo Item

C. ClickMeeting

Full Name (Last, First, Middle Initial)

Mailing Address ul. Arkonska 6

City Gdansk State A4 Zip Code 80387

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW8

Amount of Each Disbursement this Period: 79.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 160.37

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. CNA		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address 1 Meridian Blvd Ste 3A01		FEC Identification Number C Transaction ID : VNV499VW8 Amount of Each Disbursement this Period 840.01 Non-Contribution Account <input type="checkbox"/> Memo Item
City Wyomissing	State PA	
Purpose of Disbursement Insurance	Zip Code 19610-3235	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. Collective Conscience LLC		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017
Mailing Address 2801 Sherman Ave NW		FEC Identification Number C Transaction ID : VNV499VW8 Amount of Each Disbursement this Period 12700.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Digital Consultants	Zip Code 20001-3921	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Collective Conscience LLC		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 2801 Sherman Ave NW		FEC Identification Number C Transaction ID : VNV499VW8 Amount of Each Disbursement this Period 7050.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Digital Consultants	Zip Code 20001-3921	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

20590.01

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Collective Conscience LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017
Mailing Address 2801 Sherman Ave NW		FEC Identification Number C Transaction ID : VNV499VW8z Amount of Each Disbursement this Period 6675.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-3921	Purpose of Disbursement Digital Consultants	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Collective Conscience LLC		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 2801 Sherman Ave NW		FEC Identification Number C Transaction ID : VNV499VW90 Amount of Each Disbursement this Period 6525.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-3921	Purpose of Disbursement Digital Consultants	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Collective Conscience LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 2801 Sherman Ave NW		FEC Identification Number C Transaction ID : VNV499VW99 Amount of Each Disbursement this Period 6250.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-3921	Purpose of Disbursement Digital Consultants	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....▶	19450.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Courtyard by Marriott - Ft. Lauderdale

Full Name (Last, First, Middle Initial)

Mailing Address 440 Seabreeze Blvd

City Fort Lauderdale State FL Zip Code 33316-1622

Purpose of Disbursement Board Meetings - Meeting Locations

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9:

Amount of Each Disbursement this Period: 391.77

Memo Item

B. Courtyard by Marriott - Ft. Lauderdale

Full Name (Last, First, Middle Initial)

Mailing Address 440 Seabreeze Blvd

City Fort Lauderdale State FL Zip Code 33316-1622

Purpose of Disbursement Board Meetings - Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW94

Amount of Each Disbursement this Period: 1546.25

Memo Item

C. Courtyard by Marriott - Ft. Lauderdale

Full Name (Last, First, Middle Initial)

Mailing Address 440 Seabreeze Blvd

City Fort Lauderdale State FL Zip Code 33316-1622

Purpose of Disbursement Board Meetings - Meeting Locations

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9:

Amount of Each Disbursement this Period: 3581.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5519.94

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. CPH & Associates

Full Name (Last, First, Middle Initial)

Mailing Address 711 S Dearborn St
Unit 205

City Chicago State IL Zip Code 60605-1823

Purpose of Disbursement Event Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9f

Amount of Each Disbursement this Period: 254.00

Memo Item

B. Crowne Plaza Times Square

Full Name (Last, First, Middle Initial)

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement Event Hotel/Accommodations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 11 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9f

Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Crowne Plaza Times Square

Full Name (Last, First, Middle Initial)

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement Event Hotel/Accommodations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 12 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9f

Amount of Each Disbursement this Period: 3649.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6403.40

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)
A. Crowne Plaza Times Square

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement
Event Hotel/Accommodations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 16 / 2017

FEC Identification Number
C

Transaction ID : VNV499VW9c

Amount of Each Disbursement this Period
323.65

Memo Item

Full Name (Last, First, Middle Initial)
B. Crowne Plaza Times Square

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement
Event Hotel/Accommodations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 21 / 2017

FEC Identification Number
C

Transaction ID : VNV499VW9A

Amount of Each Disbursement this Period
647.30

Memo Item

Full Name (Last, First, Middle Initial)
C. Crowne Plaza Times Square

Mailing Address 1605 Broadway

City New York State NY Zip Code 10019-7406

Purpose of Disbursement
Event Hotel/Accommodations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
06 / 26 / 2017

FEC Identification Number
C

Transaction ID : VNV499VW9I

Amount of Each Disbursement this Period
6.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 976.95

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Delta Airlines			Date of Disbursement MM / DD / YYYY 05 / 10 / 2017	
Mailing Address 1030 Delta Blvd			FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9C Amount of Each Disbursement this Period 517.40	
City Atlanta	State GA	Zip Code 30354-1989	Category/Type [REDACTED]	
Purpose of Disbursement Event Talent Travel		Candidate Name		
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:	Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) B. Delta Airlines			Date of Disbursement MM / DD / YYYY 05 / 15 / 2017	
Mailing Address 1030 Delta Blvd			FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9C Amount of Each Disbursement this Period 249.20	
City Atlanta	State GA	Zip Code 30354-1989	Category/Type [REDACTED]	
Purpose of Disbursement Event Talent Travel		Candidate Name		
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:	Memo Item <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) C. Delta Airlines			Date of Disbursement MM / DD / YYYY 05 / 15 / 2017	
Mailing Address 1030 Delta Blvd			FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9C Amount of Each Disbursement this Period 341.20	
City Atlanta	State GA	Zip Code 30354-1989	Category/Type [REDACTED]	
Purpose of Disbursement Event Talent Travel		Candidate Name		
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:	Memo Item <input type="checkbox"/>			

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

1107.80

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 02 / 16 / 2017
Mailing Address 610 9th St NW		FEC Identification Number C Transaction ID : VNV499VW9f Amount of Each Disbursement this Period 67.93 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-5301	Purpose of Disbursement Meals	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 02 / 27 / 2017
Mailing Address 610 9th St NW		FEC Identification Number C Transaction ID : VNV499VW9c Amount of Each Disbursement this Period 74.98 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-5301	Purpose of Disbursement Meals	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 04 / 18 / 2017
Mailing Address 610 9th St NW		FEC Identification Number C Transaction ID : VNV499VW9i Amount of Each Disbursement this Period 74.43 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20001-5301	Purpose of Disbursement Meals	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....▶	217.34
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 04 / 21 / 2017	
Mailing Address 610 9th St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9J Amount of Each Disbursement this Period 49.53	
City Washington	State DC	Zip Code 20001-5301	Category/ Type
Purpose of Disbursement Meals		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 05 / 19 / 2017	
Mailing Address 610 9th St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9K Amount of Each Disbursement this Period 37.90	
City Washington	State DC	Zip Code 20001-5301	Category/ Type
Purpose of Disbursement Meals		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		Memo Item <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 610 9th St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9I Amount of Each Disbursement this Period 61.70	
City Washington	State DC	Zip Code 20001-5301	Category/ Type
Purpose of Disbursement Meals		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: District:		Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	149.13
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Ellas Wood Fired Pizza		Date of Disbursement MM / DD / YYYY 05 / 25 / 2017	
Mailing Address 610 9th St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9F	
City Washington	State DC	Zip Code 20001-5301	Amount of Each Disbursement this Period 40.55
Purpose of Disbursement Meals		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Enterprise Rent a Car		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 801 W Dekalb Pike		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9F	
City King Of Prussia	State PA	Zip Code 19406-3172	Amount of Each Disbursement this Period 223.07
Purpose of Disbursement Travel Expenses - Ground		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Fedex Office		Date of Disbursement MM / DD / YYYY 06 / 22 / 2017	
Mailing Address 1350 New York Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VW9F	
City Washington	State DC	Zip Code 20005-4709	Amount of Each Disbursement this Period 187.25
Purpose of Disbursement Event Printing		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	450.87
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Fedex Office

Full Name (Last, First, Middle Initial)

Mailing Address 1350 New York Ave NW

City Washington State DC Zip Code 20005-4709

Purpose of Disbursement Event Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9f

Amount of Each Disbursement this Period: 28.25

Memo Item

B. Fedex Office

Full Name (Last, First, Middle Initial)

Mailing Address 1350 New York Ave NW

City Washington State DC Zip Code 20005-4709

Purpose of Disbursement Event Printing

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499VW9S

Amount of Each Disbursement this Period: 28.25

Memo Item

C. Foley, Erin, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2100 Griffith Park Blvd Apt 6

City Los Angeles State CA Zip Code 90039-3500

Purpose of Disbursement Levity & Justice Event Talent

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWG

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 556.50

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Gaines, Barbara, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 105 W 13th St
Apt 6C

City New York State NY Zip Code 10011-7841

Purpose of Disbursement
Levity & Justice Event Producer

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWG

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. Goldberg, Dana, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 465 N Curson Ave
Apt 203

City Los Angeles State CA Zip Code 90036-2324

Purpose of Disbursement
Levity & Justice Event Talent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 20 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWGI

Amount of Each Disbursement this Period: 500.00

Memo Item

C. Grossak, Randi, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 23942 66th Ave

City Little Neck State NY Zip Code 11362-1923

Purpose of Disbursement
Levity & Justice Event Prodcution Staff

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 19 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH

Amount of Each Disbursement this Period: 400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3400.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Harmon, Curran, Spielberg & Eisenberg, LLC		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWA. Amount of Each Disbursement this Period [REDACTED] 161.50 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Category/ Type [REDACTED]
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Harmon, Curran, Spielberg & Eisenberg, LLC		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWA Amount of Each Disbursement this Period [REDACTED] 1377.50 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Category/ Type [REDACTED]
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Harmon, Curran, Spielberg & Eisenberg, LLC		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWA Amount of Each Disbursement this Period [REDACTED] 232.75 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Category/ Type [REDACTED]
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1771.75
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Harmon, Curran, Spielberg & Eisenberg, LLC		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Transaction ID : VNV499VWAI
Candidate Name		Amount of Each Disbursement this Period 365.75
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Harmon, Curran, Spielberg & Eisenberg, LLC		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Transaction ID : VNV499VWAI
Candidate Name		Amount of Each Disbursement this Period 308.26
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Harmon, Curran, Spielberg & Eisenberg, LLC		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number C
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Transaction ID : VNV499VWAI
Candidate Name		Amount of Each Disbursement this Period 2394.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3068.01
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101-4020

Purpose of Disbursement Travel Expenses - Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWA1

Amount of Each Disbursement this Period: 114.20

Memo Item

B. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101-4020

Purpose of Disbursement Travel Expenses - Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 09 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWA1

Amount of Each Disbursement this Period: 25.00

Memo Item

C. JetBlue

Full Name (Last, First, Middle Initial)

Mailing Address 2701 Queens Plz N

City Long Island City State NY Zip Code 11101-4020

Purpose of Disbursement Event Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWA1

Amount of Each Disbursement this Period: 531.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 670.60

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Kaiser HPS		Date of Disbursement MM / DD / YYYY 01 / 04 / 2017
Mailing Address 1615 L St NW		FEC Identification Number C
City Washington	State DC	
Purpose of Disbursement Health insurance		Transaction ID : VNV499VWA
Candidate Name		Amount of Each Disbursement this Period 237.15
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Kaiser HPS		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017
Mailing Address 1615 L St NW		FEC Identification Number C
City Washington	State DC	
Purpose of Disbursement Health insurance		Transaction ID : VNV499VWA
Candidate Name		Amount of Each Disbursement this Period 237.15
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Kaiser HPS		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 1615 L St NW		FEC Identification Number C
City Washington	State DC	
Purpose of Disbursement Health insurance		Transaction ID : VNV499VWB
Candidate Name		Amount of Each Disbursement this Period 237.15
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

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

711.45

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Kaiser HPS		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 1615 L St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWB Amount of Each Disbursement this Period 237.15
City Washington	State DC	Zip Code 20036-5610
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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 Non-Contribution Account	

Full Name (Last, First, Middle Initial) B. Kaiser HPS		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address 1615 L St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWB Amount of Each Disbursement this Period 237.15
City Washington	State DC	Zip Code 20036-5610
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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 Non-Contribution Account	

Full Name (Last, First, Middle Initial) C. Kaiser HPS		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address 1615 L St NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWB Amount of Each Disbursement this Period 237.15
City Washington	State DC	Zip Code 20036-5610
Purpose of Disbursement Health insurance		Category/ Type [REDACTED]
Candidate Name		
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 Non-Contribution Account	

SUBTOTAL of Disbursements This Page (optional).....▶	711.45
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Karlsberg, Michele, , ,		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 101 Lexington Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWH Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Staten Island	State NY	Zip Code 10302-2025	Category/ Type
Purpose of Disbursement Levity & Justice Event Promoter			
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Khoo, Emily, , ,		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 207 W 106th St Apt 4B		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWG Amount of Each Disbursement this Period 1250.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10025-3694	Category/ Type
Purpose of Disbursement Levity & Justice Event Designer			
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Kight, Kate, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2017	
Mailing Address 1629 L St NE Unit 303		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWG Amount of Each Disbursement this Period 1444.52 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20002-3055	Category/ Type
Purpose of Disbursement Salary			
Candidate Name			
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:			

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

3694.52

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Salary

Candidate Name

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

State: District:

Date of Disbursement: 01 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH

Amount of Each Disbursement this Period: 1444.51

Memo Item

B. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Salary

Candidate Name

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

State: District:

Date of Disbursement: 02 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH

Amount of Each Disbursement this Period: 1444.51

Memo Item

C. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Reimbursement for Travel Expenses

Candidate Name

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

State: District:

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWG

Amount of Each Disbursement this Period: 315.88

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3204.90

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Southwest Airlines

Full Name (Last, First, Middle Initial)

Mailing Address 2702 Love Field Dr

City Dallas State TX Zip Code 75235-1908

Purpose of Disbursement Travel Expenses - Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 17 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWT/

Amount of Each Disbursement this Period: 315.88

* Non-Contribution Account

Memo Item

B. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH7

Amount of Each Disbursement this Period: 1444.52

Non-Contribution Account

Memo Item

C. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Reimbursement for Travel Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWG

Amount of Each Disbursement this Period: 668.31

Non-Contribution Account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2112.83

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Courtyard by Marriott - Ft. Lauderdale		Date of Disbursement MM / DD / YYYY 03 / 12 / 2017
Mailing Address 440 Seabreeze Blvd		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWJ6 Amount of Each Disbursement this Period [REDACTED] 592.91 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City Fort Lauderdale	State FL	Zip Code 33316-1622
Purpose of Disbursement Board Meeting - Lodging		Category/ Type [REDACTED]
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address 2702 Love Field Dr		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWK7 Amount of Each Disbursement this Period [REDACTED] 40.00 * Non-Contribution Account <input checked="" type="checkbox"/> Memo Item
City Dallas	State TX	Zip Code 75235-1908
Purpose of Disbursement Fundraising Travel Expense		Category/ Type [REDACTED]
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Kight, Kate, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 1629 L St NE Unit 303		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWH Amount of Each Disbursement this Period [REDACTED] 1444.51 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20002-3055
Purpose of Disbursement Salary		Category/ Type [REDACTED]
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1444.51
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Salary

Candidate Name

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

State: District:

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH/

Amount of Each Disbursement this Period: 1444.52

Memo Item

B. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Salary

Candidate Name

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

State: District:

Date of Disbursement: 04 / 14 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH/

Amount of Each Disbursement this Period: 1444.52

Memo Item

C. Kight, Kate, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement Salary

Candidate Name

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

State: District:

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH/

Amount of Each Disbursement this Period: 712.64

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3601.68

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Levine & Partners, Inc		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 340 E 55th St		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWB Amount of Each Disbursement this Period 250.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10022-4162	Category/ Type
Purpose of Disbursement Event Video/Photographer			
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Mida, Jason, , ,		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017	
Mailing Address 526 12th St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWG Amount of Each Disbursement this Period 10000.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20002-6310	Category/ Type
Purpose of Disbursement Fundraising Consultant			
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Mida, Jason, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address 526 12th St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWG Amount of Each Disbursement this Period 5000.00 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20002-6310	Category/ Type
Purpose of Disbursement Fundraising Consultant			
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	15250.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Mida, Jason, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017	
Mailing Address 526 12th St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWGI Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20002-6310	Category/ Type
Purpose of Disbursement Fundraising Consultant		Candidate Name	
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) ▼		Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Mida, Jason, , ,		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 526 12th St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWGI Amount of Each Disbursement this Period 10000.00	
City Washington	State DC	Zip Code 20002-6310	Category/ Type
Purpose of Disbursement Fundraising Consultant		Candidate Name	
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) ▼		Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Mida, Jason, , ,		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017	
Mailing Address 526 12th St NE		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWGI Amount of Each Disbursement this Period 15000.00	
City Washington	State DC	Zip Code 20002-6310	Category/ Type
Purpose of Disbursement Fundraising Consultant		Candidate Name	
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) ▼		Memo Item
State: District:			

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

30000.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)
A. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 01 / 10 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWB

Amount of Each Disbursement this Period: 37.01

Memo Item

Full Name (Last, First, Middle Initial)
B. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 02 / 07 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWB

Amount of Each Disbursement this Period: 37.01

Memo Item

Full Name (Last, First, Middle Initial)
C. New York Times

Mailing Address 620 8th Ave

City New York State NY Zip Code 10018-1618

Purpose of Disbursement Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: 03 / 07 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWB

Amount of Each Disbursement this Period: 37.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 111.03

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. New York Times		Date of Disbursement MM / DD / YYYY 04 / 04 / 2017
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWB Amount of Each Disbursement this Period 37.01 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. New York Times		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWB Amount of Each Disbursement this Period 37.01 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. New York Times		Date of Disbursement MM / DD / YYYY 05 / 30 / 2017
Mailing Address 620 8th Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWC Amount of Each Disbursement this Period 37.01 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10018-1618
Purpose of Disbursement Subscription		Category/ Type
Candidate Name		
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:		

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

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

111.03
[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)
A. New York Times

Mailing Address **620 8th Ave**

City **New York** State **NY** Zip Code **10018-1618**

Purpose of Disbursement
Subscription

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **06 / 27 / 2017**

FEC Identification Number: **C**
Transaction ID : VNV499VWC
Amount of Each Disbursement this Period: **37.01**
Non-Contribution Account Memo Item

Full Name (Last, First, Middle Initial)
B. NGP VAN, Inc.

Mailing Address **1101 15th St NW Ste 500**

City **Washington** State **DC** Zip Code **20005-5006**

Purpose of Disbursement
Software/Tech Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 02 / 2017**

FEC Identification Number: **C**
Transaction ID : VNV499VWC
Amount of Each Disbursement this Period: **150.00**
Non-Contribution Account Memo Item

Full Name (Last, First, Middle Initial)
C. NGP VAN, Inc.

Mailing Address **1101 15th St NW Ste 500**

City **Washington** State **DC** Zip Code **20005-5006**

Purpose of Disbursement
Software/Tech Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 / 21 / 2017**

FEC Identification Number: **C**
Transaction ID : VNV499VWC
Amount of Each Disbursement this Period: **1050.00**
Non-Contribution Account Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ **1237.01**

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C Transaction ID : VNV499VWC: Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-5006		FEC Identification Number C Transaction ID : VNV499VWC: Amount of Each Disbursement this Period 150.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Software/Tech Support	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number C Transaction ID : VNV499VWC: Amount of Each Disbursement this Period 500.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C Transaction ID : VNV499VWC: Amount of Each Disbursement this Period 150.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-5006		FEC Identification Number C Transaction ID : VNV499VWC: Amount of Each Disbursement this Period 1650.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Software/Tech Support	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number C Transaction ID : VNV499VWC: Amount of Each Disbursement this Period 1650.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C. Nichols, Brittani, , ,		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address 1333 Bates Ave Apt 4		FEC Identification Number C Transaction ID : VNV499VWG Amount of Each Disbursement this Period 500.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Los Angeles	State CA	
Zip Code 90027-1500		FEC Identification Number C Transaction ID : VNV499VWG Amount of Each Disbursement this Period 1650.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Levity & Justice Event Talent	Category/Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FEC Identification Number C Transaction ID : VNV499VWG Amount of Each Disbursement this Period 1650.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1650.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Office Depot

Full Name (Last, First, Middle Initial)

Mailing Address 2455 Paces Ferry Rd SE

City Atlanta State GA Zip Code 30339-1834

Purpose of Disbursement Office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 201.92

Memo Item

B. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 25.00

Memo Item

C. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 251.92

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 605.00

Memo Item

B. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

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 : VNV499VWC

Amount of Each Disbursement this Period: 25.00

Memo Item

C. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 655.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 250.00

Memo Item

B. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC.

Amount of Each Disbursement this Period: 25.00

Memo Item

C. Olive Street Design

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 300.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Olive Street Design		Date of Disbursement MM / DD / YYYY 06 / 28 / 2017
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWC Amount of Each Disbursement this Period 2195.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website		Category/ Type
Candidate Name		
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: _____	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 01 / 06 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWC Amount of Each Disbursement this Period 2327.82 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type
Candidate Name		
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: _____	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 01 / 06 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWC Amount of Each Disbursement this Period 53.93 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		Category/ Type
Candidate Name		
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: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	4576.75
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWC

Amount of Each Disbursement this Period: 3326.89

Memo Item

B. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWDI

Amount of Each Disbursement this Period: 236.20

Memo Item

C. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499VVD

Amount of Each Disbursement this Period: 3236.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6799.25

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	
Purpose of Disbursement Payroll Processing Fee		Transaction ID : VNV499VWD
Candidate Name		Amount of Each Disbursement this Period 98.24
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 02 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	
Purpose of Disbursement Payroll Processing Fee		Transaction ID : VNV499VWD
Candidate Name		Amount of Each Disbursement this Period 123.24
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 02 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C
City Rochester	State NY	
Purpose of Disbursement Payroll Taxes		Transaction ID : VNV499VWD
Candidate Name		Amount of Each Disbursement this Period 3130.02
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	3351.50
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
Mailing Address 911 Panorama Trl S			FEC Identification Number C [REDACTED]	
City Rochester	State NY	Zip Code 14625-2396	Transaction ID : VNV499VWD	
Purpose of Disbursement Payroll Processing Fee		Category/ Type	Amount of Each Disbursement this Period 98.24	
Candidate Name			Non-Contribution Account	
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) ▼		Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
Mailing Address 911 Panorama Trl S			FEC Identification Number C [REDACTED]	
City Rochester	State NY	Zip Code 14625-2396	Transaction ID : VNV499VWD	
Purpose of Disbursement Payroll Taxes		Category/ Type	Amount of Each Disbursement this Period 3126.01	
Candidate Name			Non-Contribution Account	
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) ▼		Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. Paychex			Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address 911 Panorama Trl S			FEC Identification Number C [REDACTED]	
City Rochester	State NY	Zip Code 14625-2396	Transaction ID : VNV499VWD	
Purpose of Disbursement Payroll Processing Fee		Category/ Type	Amount of Each Disbursement this Period 123.24	
Candidate Name			Non-Contribution Account	
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) ▼		Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3347.49
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 3101.61
Purpose of Disbursement Payroll Taxes		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 98.24
Purpose of Disbursement Payroll Processing Fee		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWD	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 3062.94
Purpose of Disbursement Payroll Taxes		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	6262.79
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI Amount of Each Disbursement this Period [REDACTED] 156.03 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		Category/ Type [REDACTED]
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI Amount of Each Disbursement this Period [REDACTED] 3062.93 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Category/ Type [REDACTED]
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI Amount of Each Disbursement this Period [REDACTED] 98.24 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee		Category/ Type [REDACTED]
Candidate Name		
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:		

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

[REDACTED] 3317.20

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 2683.82
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. Paychex		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Processing Fee	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 103.61
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) C. Paychex		Date of Disbursement MM / DD / YYYY 05 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWDI
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes	Candidate Name	Amount of Each Disbursement this Period [REDACTED] 2444.16
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

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 5231.59
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV499VWDI Amount of Each Disbursement this Period 97.12 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing Fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV499VWDI Amount of Each Disbursement this Period 97.12 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing Fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV499VWDI Amount of Each Disbursement this Period 97.12 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing Fee	Category/ Type
Candidate Name	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:	

SUBTOTAL of Disbursements This Page (optional).....▶	291.36
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex			Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼		

FEC Identification Number
C

Transaction ID : VNV499VWDI

Amount of Each Disbursement this Period
97.12

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼		

FEC Identification Number
C

Transaction ID : VNV499VWDI

Amount of Each Disbursement this Period
97.12

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial) C. Paychex			Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼		

FEC Identification Number
C

Transaction ID : VNV499VWDI

Amount of Each Disbursement this Period
97.12

Non-Contribution Account

Memo Item

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

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

291.36

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex			Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼		

FEC Identification Number
C

Transaction ID : VNV499VVDz

Amount of Each Disbursement this Period
97.12

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial) B. Paychex			Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Processing Fee			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼		

FEC Identification Number
C

Transaction ID : VNV499VVDz

Amount of Each Disbursement this Period
97.12

Non-Contribution Account

Memo Item

Full Name (Last, First, Middle Initial) C. Paychex			Date of Disbursement MM / DD / YYYY 05 / 25 / 2017	
Mailing Address 911 Panorama Trl S				
City Rochester		State NY	Zip Code 14625-2396	
Purpose of Disbursement Payroll Taxes			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	
		<input type="checkbox"/> Other (specify) ▼		

FEC Identification Number
C

Transaction ID : VNV499VWE

Amount of Each Disbursement this Period
56.04

Non-Contribution Account

Memo Item

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

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

250.28

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
L PAC

A. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE

Amount of Each Disbursement this Period: 103.61

Memo Item

B. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE

Amount of Each Disbursement this Period: 3126.71

Memo Item

C. Paychex

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE

Amount of Each Disbursement this Period: 102.72

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3333.04

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV499VWE Amount of Each Disbursement this Period 3062.54 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV499VWE Amount of Each Disbursement this Period 102.72 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Processing Fee	Category/ Type
Candidate Name	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:	

Full Name (Last, First, Middle Initial) C. Paychex		Date of Disbursement MM / DD / YYYY 06 / 30 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C Transaction ID : VNV499VWE Amount of Each Disbursement this Period 3062.53 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rochester	State NY	
Zip Code 14625-2396	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	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:	

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

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

6227.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. PCMS, LLC		Date of Disbursement MM / DD / YYYY 01 / 27 / 2017
Mailing Address 1050 17th St NW Ste 590		FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 3871.89 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Compliance & Accounting	Zip Code 20036-5592	FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 1558.44 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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) ▼	FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 2100.00 Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PCMS, LLC		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017
Mailing Address 1050 17th St NW Ste 590		FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 1558.44 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Purpose of Disbursement Compliance & Accounting	Zip Code 20036-5592	FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 7530.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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) ▼	FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 7530.33 Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. PoliOps, LLC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address PO Box 1572		FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 7530.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Glen Allen	State VA	
Purpose of Disbursement Compliance & Accounting	Zip Code 23060-1572	FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 7530.33 Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
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) ▼	FEC Identification Number C Transaction ID : VNV499VWE/ Amount of Each Disbursement this Period 7530.33 Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	7530.33
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. PoliOps, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1572

City: Glen Allen, State: VA, Zip Code: 23060-1572

Purpose of Disbursement: Compliance & Accounting

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify) ▼

Date of Disbursement: 04 / 13 / 2017

FEC Identification Number: C
Transaction ID : VNV499VWEI
Amount of Each Disbursement this Period: 2100.00
Non-Contribution Account
 Memo Item

B. PoliOps, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1572

City: Glen Allen, State: VA, Zip Code: 23060-1572

Purpose of Disbursement: Compliance & Accounting

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify) ▼

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C
Transaction ID : VNV499VWEI
Amount of Each Disbursement this Period: 2100.00
Non-Contribution Account
 Memo Item

C. PoliOps, LLC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1572

City: Glen Allen, State: VA, Zip Code: 23060-1572

Purpose of Disbursement: Compliance & Accounting

Candidate Name

Office Sought: House, Senate, President
State: District:

Disbursement For: Primary, General, Other (specify) ▼

Date of Disbursement: 06 / 15 / 2017

FEC Identification Number: C
Transaction ID : VNV499VWEI
Amount of Each Disbursement this Period: 2100.00
Non-Contribution Account
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6300.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Porter Arc		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address 3000 Wilson Blvd Ste 300		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWEI Amount of Each Disbursement this Period 212.26
City Arlington	State VA	Zip Code 22201-3862
Purpose of Disbursement Event Travel		Category/ Type
Candidate Name		
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. Raney, Jill, , ,		Date of Disbursement MM / DD / YYYY 02 / 01 / 2017
Mailing Address 1348 Florida Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWGI Amount of Each Disbursement this Period 10000.00
City Washington	State DC	Zip Code 20009-4808
Purpose of Disbursement Communications Consultant		Category/ Type
Candidate Name		
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) C. Raney, Jill, , ,		Date of Disbursement MM / DD / YYYY 03 / 15 / 2017
Mailing Address 1348 Florida Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWGI Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20009-4808
Purpose of Disbursement Communications Consultant		Category/ Type
Candidate Name		
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	

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

15212.26

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Raney, Jill, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017	
Mailing Address 1348 Florida Ave NW		FEC Identification Number C	
City Washington	State DC	Zip Code 20009-4808	Transaction ID : VNV499VWG Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Communications Consultant		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) B. Raney, Jill, , ,		Date of Disbursement MM / DD / YYYY 05 / 01 / 2017	
Mailing Address 1348 Florida Ave NW		FEC Identification Number C	
City Washington	State DC	Zip Code 20009-4808	Transaction ID : VNV499VWG Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Communications Consultant		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

Full Name (Last, First, Middle Initial) C. Roberts LTD		Date of Disbursement MM / DD / YYYY 06 / 19 / 2017	
Mailing Address 149 Madison Ave Ste 1134		FEC Identification Number C	
City New York	State NY	Zip Code 10016-6713	Transaction ID : VNV499VWE Amount of Each Disbursement this Period 3500.00
Purpose of Disbursement Levity & Justice Event Producer		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
Candidate Name			
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	13500.00
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Roberts, Babette, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2235 8th Ave
Apt 5H

City New York State NY Zip Code 10027-6157

Purpose of Disbursement
Levity & Justice Event Stage Manager

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 19 / 2017

FEC Identification Number: C
Transaction ID : VNV499VWG
Amount of Each Disbursement this Period: 2000.00
Non-Contribution Account Memo Item

B. Sage Inn

Full Name (Last, First, Middle Initial)

Mailing Address 725 Cerrillos Rd

City Santa Fe State NM Zip Code 87505-3029

Purpose of Disbursement
Fundraising Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 03 / 2017

FEC Identification Number: C
Transaction ID : VNV499VWEC
Amount of Each Disbursement this Period: 1001.28
Non-Contribution Account Memo Item

C. Sage Payment Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 1750 Old Meadow Rd
Ste 300

City Mc Lean State VA Zip Code 22102-4304

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C
Transaction ID : VNV499VWE
Amount of Each Disbursement this Period: 150.00
Non-Contribution Account Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3151.28

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Sage Payment Solutions		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address 1750 Old Meadow Rd Ste 300		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWE! Amount of Each Disbursement this Period 60.00
City Mc Lean	State VA	Zip Code 22102-4304
Purpose of Disbursement Compliance & Accounting		Category/ Type
Candidate Name		
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. Santos, Renee, , ,		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address 45 Brinkerhoff St Unit 2		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWH! Amount of Each Disbursement this Period 500.00
City Jersey City	State NJ	Zip Code 07304-2515
Purpose of Disbursement Levity & Justice Event Talent		Category/ Type
Candidate Name		
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) C. Shipp, Elizabeth, , ,		Date of Disbursement MM / DD / YYYY 01 / 13 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWG Amount of Each Disbursement this Period 3611.15
City Rockville	State MD	Zip Code 20855-2295
Purpose of Disbursement Salary		Category/ Type
Candidate Name		
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	

SUBTOTAL of Disbursements This Page (optional).....▶	4171.15
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Shipp, Elizabeth, , ,		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C Transaction ID : VNV499VWG Amount of Each Disbursement this Period 3611.14 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Salary	Zip Code 20855-2295	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Shipp, Elizabeth, , ,		Date of Disbursement MM / DD / YYYY 02 / 15 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C Transaction ID : VNV499VWH Amount of Each Disbursement this Period 3611.15 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Salary	Zip Code 20855-2295	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Shipp, Elizabeth, , ,		Date of Disbursement MM / DD / YYYY 03 / 01 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C Transaction ID : VNV499VWH Amount of Each Disbursement this Period 3611.15 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Purpose of Disbursement Salary	Zip Code 20855-2295	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	10833.44
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Reimbursement for Travel Expenses

Candidate Name

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

State: District:

Date of Disbursement 03 / 15 / 2017

FEC Identification Number C

Transaction ID : VNV499VWG

Amount of Each Disbursement this Period 260.66

Memo Item

B. Chima Brazilian

Full Name (Last, First, Middle Initial)

Mailing Address 8010 Towers Crescent Dr
Ste 100

City Vienna State VA Zip Code 22182-2742

Purpose of Disbursement Meals

Candidate Name

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

State: District:

Date of Disbursement 03 / 10 / 2017

FEC Identification Number C

Transaction ID : VNV499VWVZ

Amount of Each Disbursement this Period 5.00

* Non-Contribution Account

Memo Item

C. Courtyard by Marriott - Ft. Lauderdale

Full Name (Last, First, Middle Initial)

Mailing Address 440 Seabreeze Blvd

City Fort Lauderdale State FL Zip Code 33316-1622

Purpose of Disbursement Travel Expense

Candidate Name

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

State: District:

Date of Disbursement 03 / 12 / 2017

FEC Identification Number C

Transaction ID : VNV499VWV

Amount of Each Disbursement this Period 35.00

* Non-Contribution Account

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 260.66

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWHI

Amount of Each Disbursement this Period: 3611.15

Memo Item

B. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWHI

Amount of Each Disbursement this Period: 3611.14

Memo Item

C. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 14 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWHI

Amount of Each Disbursement this Period: 3611.15

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10833.44

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH

Amount of Each Disbursement this Period: 3611.15

Memo Item

B. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH.

Amount of Each Disbursement this Period: 3611.15

Memo Item

C. Shipp, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWH

Amount of Each Disbursement this Period: 3611.14

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 10833.44

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Shipp, Elizabeth, , ,		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017	
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C	
City Rockville	State MD	Zip Code 20855-2295	Transaction ID : VNV499VWHI
Purpose of Disbursement Salary		Category/ Type	Amount of Each Disbursement this Period 3611.15
Candidate Name			<input type="checkbox"/> Non-Contribution Account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Shipp, Elizabeth, , ,		Date of Disbursement MM / DD / YYYY 06 / 23 / 2017	
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number C	
City Rockville	State MD	Zip Code 20855-2295	Transaction ID : VNV499VWG!
Purpose of Disbursement Reimbursement for Meals		Category/ Type	Amount of Each Disbursement this Period 437.17
Candidate Name			<input type="checkbox"/> Non-Contribution Account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Westside Supermarket		Date of Disbursement MM / DD / YYYY 06 / 23 / 2017	
Mailing Address 790 11th Ave		FEC Identification Number C	
City New York	State NY	Zip Code 10019-3514	Transaction ID : VNV499VWV
Purpose of Disbursement Meals		Category/ Type	Amount of Each Disbursement this Period 399.80
Candidate Name			<input type="checkbox"/> * Non-Contribution Account
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) ▼		<input checked="" type="checkbox"/> Memo Item
State: District:			

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

4048.32

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)
A. Shipp, Elizabeth, , ,

Mailing Address 15955 Frederick Rd
Apt 1308

City Rockville State MD Zip Code 20855-2295

Purpose of Disbursement Salary

Candidate Name

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

State: District:

Date of Disbursement: 06 / 30 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWHI

Amount of Each Disbursement this Period: 3611.15

Memo Item

Full Name (Last, First, Middle Initial)
B. SimpleTexting

Mailing Address 18851 NE 29th Ave
Ste 700

City Miami State FL Zip Code 33180-2845

Purpose of Disbursement Software/Tech Support

Candidate Name

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

State: District:

Date of Disbursement: 01 / 18 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWEI

Amount of Each Disbursement this Period: 45.00

Memo Item

Full Name (Last, First, Middle Initial)
C. SimpleTexting

Mailing Address 18851 NE 29th Ave
Ste 700

City Miami State FL Zip Code 33180-2845

Purpose of Disbursement Software/Tech Support

Candidate Name

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

State: District:

Date of Disbursement: 01 / 18 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE

Amount of Each Disbursement this Period: 45.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3701.15

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)
A. SimpleTexting

Mailing Address 18851 NE 29th Ave
Ste 700

City Miami State FL Zip Code 33180-2845

Purpose of Disbursement Software/Tech Support

Candidate Name

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

State: District:

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE\

Amount of Each Disbursement this Period: 45.00

Memo Item

Full Name (Last, First, Middle Initial)
B. SimpleTexting

Mailing Address 18851 NE 29th Ave
Ste 700

City Miami State FL Zip Code 33180-2845

Purpose of Disbursement Software/Tech Support

Candidate Name

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

State: District:

Date of Disbursement: 04 / 18 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE\

Amount of Each Disbursement this Period: 45.00

Memo Item

Full Name (Last, First, Middle Initial)
C. SimpleTexting

Mailing Address 18851 NE 29th Ave
Ste 700

City Miami State FL Zip Code 33180-2845

Purpose of Disbursement Software/Tech Support

Candidate Name

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

State: District:

Date of Disbursement: 05 / 18 / 2017

FEC Identification Number: C

Transaction ID : VNV499VWE\

Amount of Each Disbursement this Period: 45.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 135.00

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

A. SimpleTexting

Full Name (Last, First, Middle Initial)

Mailing Address 18851 NE 29th Ave
Ste 700

City Miami State FL Zip Code 33180-2845

Purpose of Disbursement Software/Tech Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 06 / 19 / 2017

FEC Identification Number C
Transaction ID : VNV499VWF1
Amount of Each Disbursement this Period 45.00
Non-Contribution Account Memo Item

B. SkipJack

Full Name (Last, First, Middle Initial)

Mailing Address 10150 York Rd
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 01 / 04 / 2017

FEC Identification Number C
Transaction ID : VNV499VWF1
Amount of Each Disbursement this Period 1185.62
Non-Contribution Account Memo Item

C. SkipJack

Full Name (Last, First, Middle Initial)

Mailing Address 10150 York Rd
FI 5

City Hunt Valley State MD Zip Code 21030-3354

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 02 / 01 / 2017

FEC Identification Number C
Transaction ID : VNV499VWF1
Amount of Each Disbursement this Period 1185.62
Non-Contribution Account Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2416.24

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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)

A. SkipJack

Mailing Address 10150 York Rd
FI 5

City
Hunt Valley

State
MD

Zip Code
21030-3354

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	1		2	0	1	7

FEC Identification Number

C [Redacted]

Transaction ID : VNV499VWF:
Amount of Each Disbursement this Period

[Redacted] 1185.62

Non-Contribution Account
 Memo Item

Full Name (Last, First, Middle Initial)

B. SkipJack

Mailing Address 10150 York Rd
FI 5

City
Hunt Valley

State
MD

Zip Code
21030-3354

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	7

FEC Identification Number

C [Redacted]

Transaction ID : VNV499VWF:
Amount of Each Disbursement this Period

[Redacted] 1185.62

Non-Contribution Account
 Memo Item

Full Name (Last, First, Middle Initial)

C. SkipJack

Mailing Address 10150 York Rd
FI 5

City
Hunt Valley

State
MD

Zip Code
21030-3354

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	7

FEC Identification Number

C [Redacted]

Transaction ID : VNV499VWF:
Amount of Each Disbursement this Period

[Redacted] 1185.62

Non-Contribution Account
 Memo Item

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

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

[Redacted] 3556.86

[Redacted]

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. SkipJack		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address 10150 York Rd FI 5		FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 1185.62 Non-Contribution Account <input type="checkbox"/> Memo Item
City Hunt Valley	State MD	
Zip Code 21030-3354		FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 500.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Insurance	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 387.88 Non-Contribution Account <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. Smith, DeAnn, , ,		Date of Disbursement MM / DD / YYYY 06 / 20 / 2017
Mailing Address 844 Shaw St		FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 500.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Toronto	State ON	
Zip Code M6G 3L9		FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 2073.50 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Levity & Justice Event Talent	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 387.88 Non-Contribution Account <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017
Mailing Address 2702 Love Field Dr		FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 2073.50 Non-Contribution Account <input type="checkbox"/> Memo Item
City Dallas	State TX	
Zip Code 75235-1908		FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 387.88 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Travel Expenses - Airfare	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	FEC Identification Number C Transaction ID : VNV499VWF Amount of Each Disbursement this Period 387.88 Non-Contribution Account <input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	2073.50
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. The Center		Date of Disbursement MM / DD / YYYY 04 / 14 / 2017
Mailing Address 208 W 13th St		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWFI Amount of Each Disbursement this Period 260.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10011-7702
Purpose of Disbursement Meeting Expenses		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. The Dupont Hotel		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017
Mailing Address 1500 New Hampshire Ave NW		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWFI Amount of Each Disbursement this Period 6000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-1204
Purpose of Disbursement Fundraising Event Expenses		Category/ Type
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C. United Airlines		Date of Disbursement MM / DD / YYYY 05 / 10 / 2017
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] Transaction ID : VNV499VWFI Amount of Each Disbursement this Period 731.40 Non-Contribution Account <input type="checkbox"/> Memo Item
City Chicago	State IL	Zip Code 60606-6462
Purpose of Disbursement Levity & Justice Event Talent Travel		Category/ Type
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	6991.40
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. Washington Square Hotel		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017
Mailing Address 103 Waverly Pl		FEC Identification Number C [] Transaction ID : VNV499VWG: Amount of Each Disbursement this Period [] 305.29 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10011-9110
Purpose of Disbursement Fundraising Travel Expenses		Category/ Type []
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) B. Zelnick, Laurie, , ,		Date of Disbursement MM / DD / YYYY 06 / 26 / 2017
Mailing Address 105 W 13th St Fl 6		FEC Identification Number C [] Transaction ID : VNV499VWG: Amount of Each Disbursement this Period [] 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	Zip Code 10011-7851
Purpose of Disbursement Levity & Justice Event Producer		Category/ Type []
Candidate Name		
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period [] <input type="checkbox"/> Memo Item
City	State	Zip Code
Purpose of Disbursement		Category/ Type []
Candidate Name		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1305.29
TOTAL This Period (last page this line number only).....▶	[] 375146.94