

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**
Tri-State Maxed-Out Women

ADDRESS (number and street) **1050 17th St NW**
Suite 590
 Check if different than previously reported. (ACC) **Washington DC 20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00488387 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on **11** / **08** / **2016** in the State of

5. Covering Period **10** / **20** / **2016** through **11** / **28** / **2016**

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

Signature of Treasurer Dickstein Sudolsky, Marcia, , , [Electronically Filed] Date **12** / **07** / **2016**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Tri-State Maxed-Out Women

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="38938.65"/>	<input type="text" value="38938.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58667.73"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9001.45"/>	<input type="text" value="138012.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="67669.18"/>	<input type="text" value="176951.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28907.54"/>	<input type="text" value="138189.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38761.64"/>	<input type="text" value="38761.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Tri-State Maxed-Out Women

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9000.00	132800.00
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9000.00	133000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9000.00	138000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1.45	12.80
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)).....▶	9001.45	138012.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9001.45	138012.80

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	2407.54	35689.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2407.54	35689.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	102500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28907.54	138189.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28907.54	138189.81

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)	9000.00	138000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	138000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2407.54	35689.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2407.54	35689.81

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Cleveland, Polly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 W 72nd Street, Apt. 506
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia University Occupation (for Individual) Adjunct Prof Economics
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.5981
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

B. Heffner, Elaine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 90 Riverside Drive Apt. 9A
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Psychotherapist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 10 / 20 / 2016
Transaction ID : SA11AI.5980
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Lafer, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 Fifth Avenue
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 22 / 2016
Transaction ID : SA11AI.6030
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

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

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

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

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Levkoff, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 N Moore Street, Apt. 7A
 City New York State NY Zip Code 10013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Real Estate Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 21 / 2016
Transaction ID : SA11AI.5982
 Amount of Each Receipt this Period 1500.00
 Memo Item Contribution

B. Levy, Ellen Grob, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 East 57t hStreet
 City New York State NY Zip Code 10022
 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 ▼ 1000.00

Date of Receipt 11 / 02 / 2016
Transaction ID : SA11AI.5986
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

C. Nitz, Felicity, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4645 Independence Avenue
 City Bronx State NY Zip Code 10471
 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 11 / 17 / 2016
Transaction ID : SA11AI.5990
 Amount of Each Receipt this Period 1000.00
 Memo Item Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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 8 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Telsey, Aimee, , ,

Mailing Address 601 W. 103th Street

City New York State NY Zip Code 10055

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

Name of Employer (for Individual) Mt. Sinai/Beth Israel Occupation (for Individual) Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 / /
 10 / 20 / 2016

Transaction ID : SA11AI.5979

Amount of Each Receipt this Period
2500.00

Memo Item Contribution

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
 / /

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
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	9000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Merchant Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6022
Amount of Each Disbursement this Period
7.95

Memo Item

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Merchant Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 07 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6023
Amount of Each Disbursement this Period
333.40

Memo Item

Full Name (Last, First, Middle Initial)

C. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Merchant Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C
Transaction ID : SB21B.6026
Amount of Each Disbursement this Period
156.02

Memo Item

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

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

497.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Political Compliance Management Services, LLC

Mailing Address 1050 17th St NW Ste 590

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
PAC Accounting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6019

Amount of Each Disbursement this Period

[Redacted] 631.17

Memo Item

Full Name (Last, First, Middle Initial)

B. Sudolsky, Marcia Dickstein, , ,

Mailing Address 445 Park Avenue 9th Floor

City
New York

State
NY

Zip Code
10022

Purpose of Disbursement
Administrative Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2016			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6027

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sudolsky, Marcia Dickstein, , ,

Mailing Address 445 Park Avenue 9th Floor

City
New York

State
NY

Zip Code
10022

Purpose of Disbursement
Administrative Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			22			2016			

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.6028

Amount of Each Disbursement this Period

[Redacted] 250.00

Memo Item

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

[Redacted] 1881.17

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

[Redacted] 2378.54

**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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ANGIE CRAIG FOR CONGRESS

Mailing Address PO BOX 22116

City
EAGAN

State
MN

Zip Code
55122

Purpose of Disbursement
Contribution

Candidate Name

CRAIG, ANGELA DAWN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C C00575209

Transaction ID : SB23.6004

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 180 UPLAND AVENUE

City
EWING

State
NJ

Zip Code
08638

Purpose of Disbursement
Contribution

Candidate Name

COLEMAN, BONNIE WATSON, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C C00558437

Transaction ID : SB23.5996

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAROL SHEA-PORTER FOR CONGRESS

Mailing Address PO BOX 453

City
ROCHESTER

State
NH

Zip Code
03866

Purpose of Disbursement
Contribution

Candidate Name

SHEA-PORTER, CAROL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C C00419978

Transaction ID : SB23.5995

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

4500.00

**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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Catherine Cortez Masto for Senate

Mailing Address 8020 SOUTH RAINBOW BLVD
#100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement
Contribution

Candidate Name

Cortez Masto, Catherine, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: NV District:

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2016

FEC Identification Number

C C00575548

Transaction ID : SB23.5991

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
Contribution

Candidate Name

THRONE-HOLST, ANNA, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify)

State: NY District: 01

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C C00578401

Transaction ID : SB23.6017

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CHRISTINA M. HARTMAN

Mailing Address PO BOX 1576

City LANCASTER State PA Zip Code 17608

Purpose of Disbursement
Contribution

Candidate Name

HARTMAN, CHRISTINA MARIE MS., , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 16

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2016

FEC Identification Number

C C00580316

Transaction ID : SB23.6016

Amount of Each Disbursement this Period

2000.00

Memo Item

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

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

8000.00

**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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. HILLARY FOR AMERICA

Mailing Address PO BOX 5256

City
NEW YORK

State
NY

Zip Code
10185

Purpose of Disbursement
Contribution

Candidate Name

CLINTON, HILLARY RODHAM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			24			2016					

FEC Identification Number

C C00575795

Transaction ID : SB23.5992

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kim Myers for Congress

Mailing Address PO Box 1255

City
Vestal

State
NY

Zip Code
13851

Purpose of Disbursement
Contribution

Candidate Name

Myers, Kim, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NY District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2016					

FEC Identification Number

C C00610642

Transaction ID : SB23.6000

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City
ROCHESTER

State
NY

Zip Code
14607

Purpose of Disbursement
Contribution

Candidate Name

SLAUGHTER, LOUISE MCINTOSH, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			03			2016					

FEC Identification Number

C C00213611

Transaction ID : SB23.5999

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8500.00

**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)
Tri-State Maxed-Out Women

A. LuAnn Bennett for Congress

Full Name (Last, First, Middle Initial)
LuAnn Bennett for Congress

Date of Disbursement: 11 / 03 / 2016

Mailing Address: PO Box 446

City: McLean, State: VA, Zip Code: 22101

Purpose of Disbursement: Contribution

Candidate Name: Bennett, LuAnn, , ,

Office Sought: House, Senate, President

Disbursement For: 2016, Primary, General, Other (specify) ▼

State: VA, District: 10

FEC Identification Number: C00595116
Transaction ID: SB23.5994
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. ROSEN FOR NEVADA

Full Name (Last, First, Middle Initial)
ROSEN FOR NEVADA

Date of Disbursement: 11 / 03 / 2016

Mailing Address: 1000 N. GREEN VALLEY PKWY #440-177

City: HENDERSON, State: NV, Zip Code: 89074

Purpose of Disbursement: Contribution

Candidate Name: ROSEN, JACKY, , ,

Office Sought: House, Senate, President

Disbursement For: 2016, Primary, General, Other (specify) ▼

State: NV, District: 03

FEC Identification Number: C00606939
Transaction ID: SB23.6008
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. Stephanie Murphy for Congress

Full Name (Last, First, Middle Initial)
Stephanie Murphy for Congress

Date of Disbursement: 11 / 03 / 2016

Mailing Address: PO Box 205

City: Winter Park, State: FL, Zip Code: 32790

Purpose of Disbursement: Contribution

Candidate Name: Murphy, Stephanie, , ,

Office Sought: House, Senate, President

Disbursement For: 2016, Primary, General, Other (specify) ▼

State: FL, District: 07

FEC Identification Number: C00620443
Transaction ID: SB23.6012
Amount of Each Disbursement this Period: 2000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	26500.00