

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) 1001 G Street, NW

Suite 800

Check if different than previously reported. (ACC) Washington DC 20001

2. **FEC IDENTIFICATION NUMBER ▼** C C00519413 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

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

(d) 30-Day **POST-Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2016

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

Type or Print Name of Treasurer Hillary Rosen

Signature of Treasurer Hillary Rosen [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2016"/>	<input type="text" value="92680.76"/>	<input type="text" value="92680.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92680.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="238514.70"/>	<input type="text" value="238514.70"/>
(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="331195.46"/>	<input type="text" value="331195.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="199320.62"/>	<input type="text" value="199320.62"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131874.84"/>	<input type="text" value="131874.84"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

L PAC

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).....	3770.16	3770.16
(ii) Unitemized	591.52	591.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4361.68	4361.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1075.00	1075.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5436.68	5436.68
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.).....	233078.02	233078.02
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))..... ▶	238514.70	238514.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	238514.70	238514.70

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	219.30	219.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	219.30	219.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13270.16	13270.16
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	185831.16	185831.16
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	199320.62	199320.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	199320.62	199320.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5436.68	5436.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5436.68	5436.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	219.30	219.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	219.30	219.30

**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 51
<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 (Last, First, Middle Initial) A. Elizabeth Bremner			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 09 / 2016 Transaction ID : VNW3HE8N041
Mailing Address 907 Allahna Way			Amount of Each Receipt this Period 500.00
City Santa Fe	State NM	Zip Code 87501-7068	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer KC Properties	Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Patrick Lannon			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2016 Transaction ID : VNW3HE9VWR6
Mailing Address 4410 N Racine Ave			Amount of Each Receipt this Period 20.16
City Chicago	State IL	Zip Code 60640-5613	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Wild & Precious	Occupation Ex. Asst		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Earmarked for TAMMY FOR ILLINOIS	

Full Name (Last, First, Middle Initial) C. Laura Ricketts			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2016 Transaction ID : VNW3HE9VXX8
Mailing Address 430 Sheridan Rd			Amount of Each Receipt this Period 2700.00
City Wilmette	State IL	Zip Code 60091-2821	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Consultant		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	Earmarked for TAMMY FOR ILLINOIS	

SUBTOTAL of Receipts This Page (optional).....	3220.16
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 7 OF 51
	<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. Urvashi Vaid
 Full Name (Last, First, Middle Initial)
 Mailing Address 230 W End Ave
 Apt 10C
 City New York State NY Zip Code 10023-3664
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Consultant
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3HE9W2B6
 Amount of Each Receipt this Period
 500.00
 Memo Item
 Earmarked for TAMMY FOR ILLINOIS

B. Leonie Walker
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 Buckeye
 City Portola Valley State CA Zip Code 94028-8015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer small business owner Occupation Self Employed
 Receipt For: 2016
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : VNW3HE9VXN5
 Amount of Each Receipt this Period
 50.00
 Memo Item
 Earmarked for TAMMY FOR ILLINOIS

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	3770.16

**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 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
L PAC

A. LOIS FRANKEL FOR CONGRESS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 812421
 City Boca Raton State FL Zip Code 33481-2421
 FEC ID number of contributing federal political committee. **C** C00494856
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : VNW3HE8X5M3
 Amount of Each Receipt this Period
 1075.00
 Memo Item

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line number only).....▶	1075.00

**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 9 OF 51
<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 (Last, First, Middle Initial) A. Donna Aliperti		Date of Receipt MM / DD / YYYY 03 / 24 / 2016 Transaction ID : VNW3HE9EAG6
Mailing Address 623 Commercial St		Amount of Each Receipt this Period 1000.00
City Provincetown	State MA	Zip Code 02657-1723
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Front Street	Occupation Chef	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 (Last, First, Middle Initial) B. Susan Allee		Date of Receipt MM / DD / YYYY 03 / 31 / 2016 Transaction ID : VNW3HEA3BJ6
Mailing Address 200 W 108th St		Amount of Each Receipt this Period 500.00
City New York	State NY	Zip Code 10025-2951
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation 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 (Last, First, Middle Initial) C. Duffy Baum		Date of Receipt MM / DD / YYYY 03 / 25 / 2016 Transaction ID : VNW3HE9FP10
Mailing Address 37 Applecross Rd		Amount of Each Receipt this Period 250.00
City Weaverville	State NC	Zip Code 28787-9203
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Retired	Occupation Retired	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).....▶	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 10 OF 51
<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. Patricia Bauman
Full Name (Last, First, Middle Initial)

Mailing Address 2358 Massachusetts Ave NW

City Washington State DC Zip Code 20008-2801

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

Name of Employer Bauman Foundation Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
03 / 24 / 2016
Transaction ID : VNW3HE9EC79

Amount of Each Receipt this Period
10000.00

Memo Item

Non-Contribution Account

B. Kathy Cotter
Full Name (Last, First, Middle Initial)

Mailing Address 623 Commercial St

City Provincetown State MA Zip Code 02657-1723

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

Name of Employer front street Occupation chef

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 12 / 2016
Transaction ID : VNW3HE8SP40

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

C. Eileen Diamond
Full Name (Last, First, Middle Initial)

Mailing Address 5795 SW 50th Ter

City Miami State FL Zip Code 33155-6311

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
03 / 22 / 2016
Transaction ID : VNW3HE9B438

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶ 10500.00

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 51
<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. Karen Dixon
Full Name (Last, First, Middle Initial)
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 N/A Occupation Attorney
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 25000.00

Date of Receipt 03 / 11 / 2016
Transaction ID : VNW3HE8SMM4
Amount of Each Receipt this Period 25000.00
 Memo Item
Non-Contribution Account

B. Virginia Emes
Full Name (Last, First, Middle Initial)
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 Virginia Emes Occupation Landlord/Property Manager
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 03 / 02 / 2016
Transaction ID : VNW3HE837K4
Amount of Each Receipt this Period 2000.00
 Memo Item
Non-Contribution Account

C. Diane Felicio
Full Name (Last, First, Middle Initial)
Mailing Address 39 Westchester Rd Address Line 2
City Jamaica Plain State MA Zip Code 02130-3451
FEC ID number of contributing federal political committee. **C**
Name of Employer Community Catalyst Occupation Fundraiser
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 02 / 24 / 2016
Transaction ID : VNW3HE7C057
Amount of Each Receipt this Period 400.00
 Memo Item
Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶ 27400.00
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 51
<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 (Last, First, Middle Initial)
A. Barcy Fisher

Mailing Address 1620 7th Ave W

City State Zip Code
Seattle WA 98119-2919

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

Name of Employer Occupation
Stay at home mom Stay at home mom

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
03 / 25 / 2016

Transaction ID : VNW3HE9FHY7

Amount of Each Receipt this Period
250.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Gabrielle Hanna

Mailing Address 41 Pleasant St

City State Zip Code
Provincetown MA 02657-2000

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

Name of Employer Occupation
Coldwell Banker Pat Shultz Real Estate Realtor

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
01 / 23 / 2016

Transaction ID : VNW3HE5NHQ2

Amount of Each Receipt this Period
1000.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Dawn Laguens

Mailing Address 3250 Tennyson St NW

City State Zip Code
Washington DC 20015-2463

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

Name of Employer Occupation
Planned Parenthood Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : VNW3HE8SHD2

Amount of Each Receipt this Period
400.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 51
<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 (Last, First, Middle Initial)
A. Pamela J Layng

Mailing Address 248 Cortez Rd

City State Zip Code
West Palm Beach FL 33405-4106

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

Name of Employer Occupation
PLJ Associates President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
03 / 22 / 2016
Transaction ID : VNW3HE9B462

Amount of Each Receipt this Period
400.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
B. Judy Mencher

Mailing Address 2900 Bent Cypress Rd

City State Zip Code
Wellington FL 33414-7029

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 22 / 2016
Transaction ID : VNW3HE9B454

Amount of Each Receipt this Period
500.00

Memo Item

Non-Contribution Account

Full Name (Last, First, Middle Initial)
C. Joyce Newstat

Mailing Address 1200 California St # 27

City State Zip Code
San Francisco CA 94109-0001

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

Name of Employer Occupation
Rocket Science Associates Policy consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
03 / 11 / 2016
Transaction ID : VNW3HE8SHA9

Amount of Each Receipt this Period
20000.00

Memo Item

Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	20900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
<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 (Last, First, Middle Initial) A. Joyce Newstat		Date of Receipt MM / DD / YYYY 03 / 11 / 2016 Transaction ID : VNW3HEA6J04
Mailing Address 1200 California St # 27		Amount of Each Receipt this Period 5000.00
City San Francisco	State CA	Zip Code 94109-0001
FEC ID number of contributing federal political committee. C	Name of Employer Rocket Science Associates	Occupation Policy consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Joyce Newstat		Date of Receipt MM / DD / YYYY 03 / 22 / 2016 Transaction ID : VNW3HE9B4V7
Mailing Address 1200 California St # 27		Amount of Each Receipt this Period 400.00
City San Francisco	State CA	Zip Code 94109-0001
FEC ID number of contributing federal political committee. C	Name of Employer Rocket Science Associates	Occupation Policy consultant
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25400.00	<input type="checkbox"/> Memo Item
		Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Betty Orlandino		Date of Receipt MM / DD / YYYY 03 / 19 / 2016 Transaction ID : VNW3HE96RV7
Mailing Address 3332 NE 190th St Uph 15		Amount of Each Receipt this Period 100.00
City Aventura	State FL	Zip Code 33180-2672
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Master Coach
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	<input type="checkbox"/> Memo Item
		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 15 OF 51
<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 (Last, First, Middle Initial) A. Betty Orlandino		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address 3332 NE 190th St Uph 15		Transaction ID : VNW3HE98MF1
City Aventura	State FL	Zip Code 33180-2672
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Master Coach	<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

Full Name (Last, First, Middle Initial) B. Palm Beach County Human Rights Council		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 267		Transaction ID : VNW3HE9B4F3
City West Palm Beach	State FL	Zip Code 33402-0267
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<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 (Last, First, Middle Initial) C. Mario Palumbo		Date of Receipt MM / DD / YYYY 02 / 26 / 2016
Mailing Address 1995 Broadway FI 3		Transaction ID : VNW3HE7F8N5
City New York	State NY	Zip Code 10023-5882
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Millennium Partners	Occupation real estate	<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

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 16 OF 51
<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. Esther Paster
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 Flying Point Rd
 Ste 204
 City Southampton State NY Zip Code 11968-5276
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Peconic Bay Realty Occupation Real Estate
 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
 03 / 22 / 2016
Transaction ID : VNW3HE98JY6
 Amount of Each Receipt this Period
 250.00
 Memo Item
 Non-Contribution Account

B. Michelle Peak
 Full Name (Last, First, Middle Initial)
 Mailing Address 6939 WILDERNESS WAY DRIVE
 MD 5675
 City Grand Prairie State TX Zip Code 75054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Occupation attorney
 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
 03 / 08 / 2016
Transaction ID : VNW3HE8HPY2
 Amount of Each Receipt this Period
 5000.00
 Memo Item
 Non-Contribution Account

C. Nancy Proffitt
 Full Name (Last, First, Middle Initial)
 Mailing Address 326 Maddock St
 City West Palm Beach State FL Zip Code 33405-4626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Proffitt Management Solution Occupation Executive Business Coach
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 22 / 2016
Transaction ID : VNW3HE98N39
 Amount of Each Receipt this Period
 1000.00
 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 17 OF 51
<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 (Last, First, Middle Initial) A. Suzanne Rice		Date of Receipt MM / DD / YYYY 03 / 28 / 2016 Transaction ID : VNW3HE9KS19
Mailing Address 5310 N Ocean Dr 801		Amount of Each Receipt this Period 500.00
City Riviera Beach	State FL	Zip Code 33404-2567
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer na	Occupation na	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 (Last, First, Middle Initial) B. Laura Ricketts		Date of Receipt MM / DD / YYYY 02 / 24 / 2016 Transaction ID : VNW3HE7C065
Mailing Address 430 Sheridan Rd		Amount of Each Receipt this Period 50000.00
City Wilmette	State IL	Zip Code 60091-2821
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Consultant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	

Full Name (Last, First, Middle Initial) C. Alix L Ritchie		Date of Receipt MM / DD / YYYY 02 / 24 / 2016 Transaction ID : VNW3HE7C049
Mailing Address PO Box 30220		Amount of Each Receipt this Period 25000.00
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Fort Lauderdale	Occupation media consultant	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....	75500.00
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 51
<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 (Last, First, Middle Initial) A. Alix L Ritchie		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 30220		Transaction ID : VNW3HE9B4X3
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20000.00	
Name of Employer Fort Lauderdale	Occupation media 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 ▼ 50000.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Alix L Ritchie		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address PO Box 30220		Transaction ID : VNW3HE9FQ54
City Fort Lauderdale	State FL	Zip Code 33303-0220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Fort Lauderdale	Occupation media 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 ▼ 50000.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Hilary Rosen		Date of Receipt MM / DD / YYYY 01 / 12 / 2016
Mailing Address 4835 Hutchins PI NW		Transaction ID : VNW3HE4ZH49
City Washington	State DC	Zip Code 20007-1529
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer SKDKnickerbocker	Occupation Public Relations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	35000.00
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 51
<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 (Last, First, Middle Initial) A. Hilary Rosen		Date of Receipt MM / DD / YYYY 03 / 10 / 2016
Mailing Address 4835 Hutchins PI NW		Transaction ID : VNW3HE8RBS6
City Washington	State DC	Zip Code 20007-1529
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer SKDKnickerbocker	Occupation Public Relations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10400.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Hilary Rosen		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address 4835 Hutchins PI NW		Transaction ID : VNW3HE98N47
City Washington	State DC	Zip Code 20007-1529
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer SKDKnickerbocker	Occupation Public Relations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10900.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Sandy Rosploch		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address 2199 Canal Rd		Transaction ID : VNW3HE9B446
City Palm Beach Gardens	State FL	Zip Code 33410-3404
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	<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).....▶	1150.00
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 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input checked="" 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 (Last, First, Middle Initial) A. Edward Schmidt		Date of Receipt MM / DD / YYYY 03 / 22 / 2016 Transaction ID : VNW3HE9B4H8
Mailing Address 204 Wenonah Pl		Amount of Each Receipt this Period 1000.00
City West Palm Beach	State FL	Zip Code 33405-1948
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Table 26	Occupation Owner	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 (Last, First, Middle Initial) B. Jon Stryker		Date of Receipt MM / DD / YYYY 02 / 12 / 2016 Transaction ID : VNW3HE84G01
Mailing Address 450 W 14th St FI 9		Amount of Each Receipt this Period 10000.00
City New York	State NY	Zip Code 10014-1059
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Streamline Circle LLC	Occupation Owner	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Joy Tomchin		Date of Receipt MM / DD / YYYY 03 / 31 / 2016 Transaction ID : VNW3HEA3BH8
Mailing Address 252 7th Ave Apt 15D		Amount of Each Receipt this Period 25000.00
City New York	State NY	Zip Code 10001-7348
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Real Estate Developer	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25000.00	

SUBTOTAL of Receipts This Page (optional).....▶	36000.00
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 51
<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 (Last, First, Middle Initial) A. Urvashi Vaid		Date of Receipt MM / DD / YYYY 02 / 11 / 2016
Mailing Address 230 W End Ave Apt 10C		Transaction ID : VNW3HE6RX28
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self-employed	Occupation 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 ▼ 750.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) B. Urvashi Vaid		Date of Receipt MM / DD / YYYY 03 / 11 / 2016
Mailing Address 230 W End Ave Apt 10C		Transaction ID : VNW3HE8RGJ1
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer Self-employed	Occupation 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 ▼ 1500.00	Non-Contribution Account

Full Name (Last, First, Middle Initial) C. Urvashi Vaid		Date of Receipt MM / DD / YYYY 03 / 22 / 2016
Mailing Address 230 W End Ave Apt 10C		Transaction ID : VNW3HE9B4T0
City New York	State NY	Zip Code 10023-3664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer The Vaid Group LLC	Occupation Attorney/Writer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1900.00
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 51
<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. Charlotte Walker
Full Name (Last, First, Middle Initial)
Mailing Address 173 Putnam Park
City Greenwich State CT Zip Code 06830-5782
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Consultant
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1500.00**

Date of Receipt **03 / 29 / 2016**
Transaction ID : VNW3HE9N4B8
Amount of Each Receipt this Period **1500.00**
 Memo Item
Non-Contribution Account

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date

Date of Receipt
Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	228250.00

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Travel Reimbursement, unitemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : VNV499SV1E7

Amount of Each Disbursement this Period

200.08

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

200.08

200.08

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial)

A. DONNA EDWARDS FOR CONGRESS

Mailing Address PO Box 441153

City State Zip Code
Fort Washington MD 20749-1153

Purpose of Disbursement
Contribution

Candidate Name
DONNA EDWARDS FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: MD District: 04

Date of Disbursement

/ /

Transaction ID : VNV499STHS9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. TAMMY FOR ILLINOIS

Mailing Address PO Box 10793

City State Zip Code
Chicago IL 60610-0793

Purpose of Disbursement
Contribution

Candidate Name
L TAMMY DUCKWORTH

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: IL District: 00

Date of Disbursement

/ /

Transaction ID : VNV499STM24

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. TAMMY FOR ILLINOIS

Mailing Address PO Box 10793

City State Zip Code
Chicago IL 60610-0793

Purpose of Disbursement
Conduit Contribution

Candidate Name
L TAMMY DUCKWORTH

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: IL District: 00

Date of Disbursement

/ /

Transaction ID : VNV3HE9VWR6C

Amount of Each Disbursement this Period

Memo Item
Earmarked by Patrick Lannon

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
L PAC

Full Name (Last, First, Middle Initial) A. TAMMY FOR ILLINOIS		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address PO Box 10793		Transaction ID : VNW3HE9VXN5C
City Chicago State IL Zip Code 60610-0793	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Conduit Contribution	Category/Type	<input type="checkbox"/> Memo Item Earmarked by Leonie Walker
Candidate Name L TAMMY DUCKWORTH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. TAMMY FOR ILLINOIS		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address PO Box 10793		Transaction ID : VNW3HE9VXX8C
City Chicago State IL Zip Code 60610-0793	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement Conduit Contribution	Category/Type	<input type="checkbox"/> Memo Item Earmarked by Laura Ricketts
Candidate Name L TAMMY DUCKWORTH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. TAMMY FOR ILLINOIS		Date of Disbursement MM / DD / YYYY 03 / 31 / 2016
Mailing Address PO Box 10793		Transaction ID : VNW3HE9W2B6C
City Chicago State IL Zip Code 60610-0793	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Conduit Contribution	Category/Type	<input type="checkbox"/> Memo Item Earmarked by Urvashi Vaid
Candidate Name L TAMMY DUCKWORTH		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	3250.00
TOTAL This Period (last page this line number only).....▶	13270.16

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STGS6

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STGT4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Amtrak

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STGV2

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Angel's Food Market

Mailing Address 4681 Mountain Rd

City Pasadena State MD Zip Code 21122-5462

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VNV499SN601

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Aureole Restaurant

Mailing Address 135 W 42nd St

City New York State NY Zip Code 10036-6509

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VNV499STMB5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. BuySellAds.com

Mailing Address PO Box 55071 # 30027

City Boston State MA Zip Code 02205-5071

Purpose of Disbursement
Print ads

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VNV499STH43

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : VNV499SN643

Amount of Each Disbursement this Period

777.43

Memo Item

Full Name (Last, First, Middle Initial)

B. Carefirst Bluecross/Blueshield

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2016

Transaction ID : VNV499STH51

Amount of Each Disbursement this Period

777.43

Memo Item

Full Name (Last, First, Middle Initial)

C. Carefirst Bluecross/Blueshield

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0003

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : VNV499STH69

Amount of Each Disbursement this Period

777.43

Memo Item

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

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

2332.29

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN684

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STH77

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STH85

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Carr Workplace

Mailing Address 1101 Connecticut Ave NW
Ste 450

City Washington State DC Zip Code 20036-4359

Purpose of Disbursement
Rent

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STH93

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Civitas Public Affairs

Mailing Address 601 13th St NW

City Washington State DC Zip Code 20005-3805

Purpose of Disbursement
Strategic Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN692

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN6A0

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : VNV499STHD4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Collective Conscience, LLC

Mailing Address 7254 Hollywood Blvd
Apt 1

City Los Angeles State CA Zip Code 90046-3117

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : VNV499STHG8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. DC Department of Employment Services

Mailing Address 4058 Minnesota Ave NE

City Washington State DC Zip Code 20019-3540

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : VNV499SN6B8

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. First Data - Merchant Services

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement
Credit card processing for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : VNV499SN6D4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data - Merchant Services

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement
Credit card processing for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : VNV499STHT7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. First Data - Merchant Services

Mailing Address 1 Western Maryland Pkwy

City Hagerstown State MD Zip Code 21740-5146

Purpose of Disbursement
Credit card processing for PAC

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Transaction ID : VNV499STHV5

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Jaime M Grant

Mailing Address 623 Rock Creek Rd NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Consulting: Fundraising services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2016

Transaction ID : VNV499STJ46

Amount of Each Disbursement this Period

5985.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime M Grant

Mailing Address 623 Rock Creek Rd NW

City Washington State DC Zip Code 20010

Purpose of Disbursement
Consulting: Fundraising services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 16 / 2016

Transaction ID : VNV499STJ54

Amount of Each Disbursement this Period

5985.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Harmon, Curran, Spielberg & Eisenberg, LLC

Mailing Address 1726 M St NW
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2016

Transaction ID : VNV499SN6J3

Amount of Each Disbursement this Period

1468.80

Memo Item

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

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

13438.80

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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 02 / 02 / 2016
Mailing Address 1726 M St NW Ste 600		Transaction ID : VNV499STHZ7
City Washington	State DC	
Zip Code 20036-4523	Purpose of Disbursement Legal Fees	Amount of Each Disbursement this Period 299.25
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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 03 / 14 / 2016
Mailing Address 1726 M St NW Ste 600		Transaction ID : VNV499STJ05
City Washington	State DC	
Zip Code 20036-4523	Purpose of Disbursement Legal Fees	Amount of Each Disbursement this Period 1310.54
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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 03 / 22 / 2016
Mailing Address 1726 M St NW Ste 600		Transaction ID : VNV499STJ12
City Washington	State DC	
Zip Code 20036-4523	Purpose of Disbursement Legal Fees	Amount of Each Disbursement this Period 895.29
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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).....▶	2505.08
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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 1615 L St NW

City Washington State DC Zip Code 20036-5610

Purpose of Disbursement
Health Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 10 / 2016

Transaction ID : VNV499STJ96

Amount of Each Disbursement this Period

209.66

Memo Item

Full Name (Last, First, Middle Initial)

B. Michele Karlsberg

Mailing Address 101 Lexington Ave

City Staten Island State NY Zip Code 10302-2025

Purpose of Disbursement
Communication Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2016

Transaction ID : VNV499STJY0

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kate Kight

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : VNV499SN6R9

Amount of Each Disbursement this Period

1278.14

Memo Item

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

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

7487.80

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Kate Kight

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499STJA4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Kate Kight

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499STJB1

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Kate Kight

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499STJC9

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Kate Kight

Mailing Address 1629 L St NE
Unit 303

City Washington State DC Zip Code 20002-3055

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STJD7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lea Krauss for Judge Campaign

Mailing Address 3101 N Federal Hwy
Ste 401

City Fort Lauderdale State FL Zip Code 33306-1073

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STJX2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mindset

Mailing Address 1220 N Fillmore St
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN6S6

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Mindset

Mailing Address 1220 N Fillmore St
Ste 400

City Arlington State VA Zip Code 22201-6501

Purpose of Disbursement
Consulting: Fundraising Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STJZ7

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STK55

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. NGP VAN

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Software

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STK63

Amount of Each Disbursement this Period

Memo Item

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN6W0

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN6X8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN6Y6

Amount of Each Disbursement this Period

Memo Item

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

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

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

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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN6Z4

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKD8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKE6

Amount of Each Disbursement this Period

Memo Item

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

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

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

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : VNV499STKF4

Amount of Each Disbursement this Period

91.84

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2016

Transaction ID : VNV499STKG2

Amount of Each Disbursement this Period

2705.06

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : VNV499STKH0

Amount of Each Disbursement this Period

2705.06

Memo Item

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

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

5501.96

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKJ8

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Processing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKK5

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Paychex

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2311

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKN1

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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

Mailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 08 / 2016

Transaction ID : VNV499SN702

Amount of Each Disbursement this Period

639.15

Memo Item

Full Name (Last, First, Middle Initial)

B. PCMS, LLC

Mailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2016

Transaction ID : VNV499STKP9

Amount of Each Disbursement this Period

1351.91

Memo Item

Full Name (Last, First, Middle Initial)

C. PCMS, LLC

Mailing Address 1050 17th St NW
Ste 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : VNV499STKS3

Amount of Each Disbursement this Period

881.04

Memo Item

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

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

2872.10

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Practice Makes Progress

Mailing Address 1875 Connecticut Ave NW
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement
Consulting: Communications services

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 Y Y
01 / 05 / 2016

Transaction ID : VNV499SN6Q1

Amount of Each Disbursement this Period

1725.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Practice Makes Progress

Mailing Address 1875 Connecticut Ave NW
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement
Consulting: Communications services

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 Y Y
02 / 02 / 2016

Transaction ID : VNV499STJ62

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Practice Makes Progress

Mailing Address 1875 Connecticut Ave NW
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement
Consulting: Communications services

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 Y Y
02 / 23 / 2016

Transaction ID : VNV499STJ70

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

11725.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Practice Makes Progress

Mailing Address 1875 Connecticut Ave NW
FI 10

City Washington State DC Zip Code 20009-5728

Purpose of Disbursement
Consulting: Communications services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499STJ88

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Seamless

Mailing Address 1065 Avenue Of The Americas

City New York State NY Zip Code 10018-1878

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499STKV9

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Seamless

Mailing Address 1065 Avenue Of The Americas

City New York State NY Zip Code 10018-1878

Purpose of Disbursement
Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

/ /

Transaction ID : VNV499STKW7

Amount of Each Disbursement this Period

Memo Item

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2016

Transaction ID : VNV499SN627

Amount of Each Disbursement this Period

3485.33

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : VNV499SN635

Amount of Each Disbursement this Period

3485.34

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City Arlington State VA Zip Code 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : VNV499STH02

Amount of Each Disbursement this Period

3485.33

Memo Item

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

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

10456.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City State Zip Code
Arlington VA 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STH10

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City State Zip Code
Arlington VA 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STH28

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Shipp

Mailing Address 1607 26th St S
Apt 2

City State Zip Code
Arlington VA 22206-2966

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STH35

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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 8500 Governors Hill Dr

City State Zip Code
Symmes Twp OH 45249-1384

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499SN710

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. SkipJack

Mailing Address 8500 Governors Hill Dr

City State Zip Code
Symmes Twp OH 45249-1384

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKY2

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. SkipJack

Mailing Address 8500 Governors Hill Dr

City State Zip Code
Symmes Twp OH 45249-1384

Purpose of Disbursement
Insurance

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : VNV499STKZ0

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. Staples Inc.

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 09 / 2016

Transaction ID : VNV499STM08

Amount of Each Disbursement this Period

125.96

Memo Item

Full Name (Last, First, Middle Initial)

B. Staples Inc.

Mailing Address 500 Staples Dr

City Framingham State MA Zip Code 01702-4478

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2016

Transaction ID : VNV499STM16

Amount of Each Disbursement this Period

240.81

Memo Item

Full Name (Last, First, Middle Initial)

C. The Kloppenburg for Justice Committee

Mailing Address PO Box 2483

City Madison State WI Zip Code 53701-2483

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 28 / 2016

Transaction ID : VNV499STM58

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)..... ▶

1366.77

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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 Lesbian, Gay, Bisexual & Transgender Community Center

Mailing Address 208 W 13th St

City New York State NY Zip Code 10011-7702

Purpose of Disbursement
Site Rental

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 30 / 2016

Transaction ID : VNV499STM40

Amount of Each Disbursement this Period

360.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Seattle Lesbian

Mailing Address 15815 16th Ave SW

City Seattle State WA Zip Code 98166-2857

Purpose of Disbursement
Print ads

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 29 / 2016

Transaction ID : VNV499STKX4

Amount of Each Disbursement this Period

540.00

Memo Item

Full Name (Last, First, Middle Initial)

C. W. Douglas Wingo Inc

Mailing Address 350 7th Ave
Rm 1603

City New York State NY Zip Code 10001-1934

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 12 / 2016

Transaction ID : VNV499SNGJ3

Amount of Each Disbursement this Period

10000.00

Memo Item

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

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

10900.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input 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. W. Douglas Wingo Inc

Mailing Address 350 7th Ave
Rm 1603

City New York State NY Zip Code 10001-1934

Purpose of Disbursement Fundraising Consulting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
02 / 26 / 2016

Transaction ID : VNV499STM81

Amount of Each Disbursement this Period: 19000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Washington Blade

Mailing Address 529 14th St NW

City Washington State DC Zip Code 20045-1000

Purpose of Disbursement Ad Buy

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
03 / 30 / 2016

Transaction ID : VNV499STM99

Amount of Each Disbursement this Period: 700.00

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19700.00

TOTAL This Period (last page this line number only)..... ▶ 184453.78