

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Tri-State Maxed-Out Women

ADDRESS (number and street)

445 Park Avenue

9th Floor

☐ Check if different than previously reported. (ACC)

New York

NY

10022

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488387

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

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
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
12 31 2013

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 Marcia Dickstein Sudolsky

Signature of Treasurer

Marcia Dickstein Sudolsky

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
01 28 2014

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		62534.39
(b) Cash on Hand at Beginning of Reporting Period.....	147117.34	
(c) Total Receipts (from Line 19)	23061.94	167587.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	170179.28	230121.45
7. Total Disbursements (from Line 31)	69155.46	129097.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	101023.82	101023.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2013

To:

 M M / D D / Y Y Y Y Y
 12 / 31 / 2013
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).....

23000.00

167500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

23000.00

167500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

23000.00

167500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

38.65

38.65

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

23.29

48.41

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))..... ▶

23061.94

167587.06

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

23061.94

167587.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	21655.46	54597.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	21655.46	54597.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	69500.00
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	5000.00
(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	5000.00
29. Other Disbursements	0.00	0.00
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)) ..	69155.46	129097.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69155.46	129097.63

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)	23000.00	167500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23000.00	162500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	21655.46	54597.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	38.65	38.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	21616.81	54558.98

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 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Margo Alexander

Mailing Address 15 E. 26th Street

City
New York

State Zip Code
NY 10010

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Roberta Ashkin

Mailing Address 400 East 70th Street
#2205

City
New York

State Zip Code
NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ashkin Law Firm

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.4515

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marietta Daniel Boyar

Mailing Address 5907 260th Street

City
Little Neck

State Zip Code
NY 11362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Communications Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 23 / 2013

Transaction ID : SA11AI.4506

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Betsy Cohn

Mailing Address 1111 Park Avenue

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 08 / 2013

Transaction ID : SA11AI.4490

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Betty Cotton

Mailing Address 930 5th Avenue

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

NFP Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Cynthia Drew

Mailing Address 119 E. 84th Street
8D

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

NYSE Euronext

Occupation

Finance Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

6000.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Debra Hauser

Mailing Address 12 Buell Court

City State Zip Code
 Clinton CT 06413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 12 / 2013

Transaction ID : SA11AI.4486

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Anne Hess

Mailing Address 214 East 18th Street

City State Zip Code
 New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nancy Hollander

Mailing Address 505 East 79th Street Apt 3K

City State Zip Code
 New York NY 10075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N / A

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 12 / 2013

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

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

FOR LINE NUMBER: PAGE 9 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Idelle Howitt

Mailing Address 2 Sutton Place South

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 31 2013

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sarah Kovner

Mailing Address 27 West 67th Street

City State Zip Code
 New York NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

N / A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 12 10 2013

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ellen Grob Levy

Mailing Address 410 East 57th Street

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

N / A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 26 2013

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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 10 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Caroline Miller

Mailing Address 176 East 71st Street 15B

City
New York

State Zip Code
NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

N / A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ronnie Planap

Mailing Address 48 West 88th Street

City
New York

State Zip Code
NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Independent Film Producer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2013

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Letty Cottin Pogrebin

Mailing Address 33 West 67th Street

City
New York

State Zip Code
NY 10023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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

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

FOR LINE NUMBER: PAGE 11 OF 26
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Helen K. Samuels

Mailing Address 425 E. 58th Street Apt 47A

City State Zip Code
New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

N / A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 12 / 2013

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Barbara Steiner

Mailing Address 101 West 12th Street 19K

City State Zip Code
New York NY 10011

FEC ID number of contributing
federal political committee.

C

Name of Employer

N / A

Occupation

Retired Stockbroker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2013

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City State Zip Code
New York NY 10128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2013

Transaction ID : SA11AI.4512

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Susan Thomases

Mailing Address 929 Park Avenue

City
New York

State Zip Code
NY 10028

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11AI.4514

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Caren Turner

Mailing Address 16 Willow Lane

City
Tenafly

State Zip Code
NJ 07670

FEC ID number of contributing
federal political committee.

C

Name of Employer

Turner Govt Public Affairs

Occupation

CEO Lobbying Firm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 05 2013

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Shari M. Yost

Mailing Address 2741 Brandywine

City
Washington

State Zip Code
DC 20008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Business Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 31 2013

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

3000.00

23000.00

<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

Tri-State Maxed-Out Women

40.00

Age Group	Percentage
18-24	38.00
25-34	35.00
35-44	32.00
45-54	28.00
55-64	25.00
65-74	22.00
75-84	18.00
85+	5.00

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	10.00
45-54	10.00
55-64	10.00
65-74	10.00
75-84	10.00
85+	10.00

Downloaded from <http://ajph.org/> on November 10, 2015

<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

Tri-State Maxed-Out Women

64.34

State: District:

MM / DD / YYYY

750.00

State: District:

4268.75

State: District:

5083.09

<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

Tri-State Maxed-Out Women

A. Gilbert & Wolfand PC

Three 7-segment displays are shown, each with a label above it: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The first display shows '10', the second shows '04', and the third shows '2013'. The displays are connected to a common ground and a common VCC line.

Category/
Type

2500.00

State: District:

B. Gilbert & Wolfand PC

Three digital displays showing the date 12/23/2013 in MM/DD/YYYY format. The first display shows '12' with 'M' indicators above it. The second display shows '23' with 'D' indicators above it. The third display shows '2013' with 'Y' indicators above it.

Category/
Type

375.00

State: District:

C. James Stanton

Category/
Type

225.00

State: District:

3100.00

<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

Tri-State Maxed-Out Women

A. James Stanton

Date of Disbursement

Three digital displays showing the date 10/15/2013 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '15' for the day, and the third shows '2013' for the year. Each display has a small 'M' or 'D' or 'Y' indicator above the digits.

Transaction ID : SB21B.4593

Category/
Type

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

Amount of Each Disbursement this Period

175.00

B. James Stanton

Date of Disbursement

Transaction ID : SB21B.4594

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

225.00

C. James Stanton

Date of Disbursement

M M / D D / Y Y Y Y
12 23 2013

Transaction ID : SB21B.4595

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

225.00

625.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 26 2013
Transaction ID : SB21B.4602

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 09 2013
Transaction ID : SB21B.4603

Amount of Each Disbursement this Period

2750.00

Full Name (Last, First, Middle Initial)

C. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 30 2013
Transaction ID : SB21B.4604

Amount of Each Disbursement this Period

3000.00

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

6000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2013
Transaction ID : SB21B.4605

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2013
Transaction ID : SB21B.4606

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

C. Marcia Dickstein Sudolsky

Mailing Address 445 Park Avenue 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administrative Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2013
Transaction ID : SB21B.4607

Amount of Each Disbursement this Period

1300.00

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

4100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 26

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Tuscany Caterers

Mailing Address 61 West 55th Street, # 1

City New York State NY Zip Code 10019

Purpose of Disbursement
Catering Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 09 / 2013
Transaction ID : SB21B.4586

Amount of Each Disbursement this Period

1395.00

Full Name (Last, First, Middle Initial)

B. Tuscany Caterers

Mailing Address 61 West 55th Street, # 1

City New York State NY Zip Code 10019

Purpose of Disbursement
Catering Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 05 / 2013
Transaction ID : SB21B.4587

Amount of Each Disbursement this Period

1054.37

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2449.37

21586.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 26

<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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Alison for Kentucky

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		27		2013

Mailing Address 340 DEMOCRAT DRIVE

City	State	Zip Code
FRANKFORT	KY	40601

Transaction ID : SB23.4569Purpose of Disbursement
Candidate Contribution

Candidate Name

ALISON LUNDERGAN GRIMESCategory/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:	Disbursement For: 2014
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: KY District: 00	

Full Name (Last, First, Middle Initial)

B. ANN CALLIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2013

Mailing Address 517 CHAPMAN ST

City	State	Zip Code
EDWARDSVILLE	IL	62025

Transaction ID : SB23.4534Purpose of Disbursement
Candidate Contribution

Candidate Name

ANN CALLISCategory/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: IL District: 13	

Full Name (Last, First, Middle Initial)

C. APPEL FOR IOWA INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Mailing Address PO BOX 702

City	State	Zip Code
DES MOINES	IA	50303

Transaction ID : SB23.4547Purpose of Disbursement
Candidate Contribution

Candidate Name

STACI APPELCategory/
Type

Amount of Each Disbursement this Period

2500.00

Office Sought:	Disbursement For: 2014
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: IA District: 03	

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

10000.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 26

<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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. APPEL FOR IOWA INC

Mailing Address PO BOX 702

City	State	Zip Code
DES MOINES	IA	50303

Purpose of Disbursement
Candidate Contribution

Candidate Name

STACI APPELOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		27		2013

Transaction ID : SB23.4564

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Martha Robertson

Mailing Address PO Box 54

City	State	Zip Code
Dryden	NY	13053

Purpose of Disbursement
Candidate Contribution

Candidate Name

MARTHA ROBERTSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2013

Transaction ID : SB23.4556

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ELOISE GOMEZ REYES FOR CONGRESS

Mailing Address PO BOX 11487

City	State	Zip Code
SAN BERNARDINO	CA	92423

Purpose of Disbursement
Candidate Contribution

Candidate Name

ELOISE GOMEZ REYESOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2013

Transaction ID : SB23.4551

Amount of Each Disbursement this Period

2500.00

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

7500.00

--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 26

<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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ERIN BILBRAY FOR CONGRESS

Mailing Address 9101 W SAHARA AVE STE 105 B20

City	State	Zip Code
LAS VEGAS	NV	89117

Purpose of Disbursement
Candidate Contribution

Candidate Name

ERIN BILBRAY KOHNOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : SB23.4532

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City	State	Zip Code
EAST MOLINE	IL	61244

Purpose of Disbursement
Candidate Contribution

Candidate Name

CHERI BUSTOSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SB23.4558

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SHAUGHNESSY NAUGHTONMailing Address 354 N MAIN ST
PO BOX 67

City	State	Zip Code
DOYLESTOWN	PA	18901

Purpose of Disbursement
Candidate Contribution

Candidate Name

SHAUGHNESSY NAUGHTONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : SB23.4562

Amount of Each Disbursement this Period

2500.00

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

10000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 26

<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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. KUSTER FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		18		2013

Mailing Address P.O. BOX 1498

City	State	Zip Code
CONCORD	NH	03302

Transaction ID : SB23.4543Purpose of Disbursement
Candidate Contribution

Amount of Each Disbursement this Period

Candidate Name

ANN MCLANE KUSTERCategory/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

B. NATALIE TENNANT FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		10		2013

Mailing Address PO BOX 1063

City	State	Zip Code
CHARLESTON	WV	25324

Transaction ID : SB23.4567Purpose of Disbursement
Candidate Contribution

Amount of Each Disbursement this Period

Candidate Name

NATALIE TENNANTCategory/
Type

5000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 00

Full Name (Last, First, Middle Initial)

C. NUNN SENATE VICTORY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2013

Mailing Address 120 MARYLAND AVENUE NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB23.4565Purpose of Disbursement
Candidate Contribution

Amount of Each Disbursement this Period

Candidate Name

MARY MICHELLE NUNNCategory/
Type

2500.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 00

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 26

<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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. PAM BYRNES FOR CONGRESS

Mailing Address PO BOX 485

City
DEXTERState
MIZip Code
48130Purpose of Disbursement
Candidate Contribution

Candidate Name

PAM BYRNESOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2013

Transaction ID : SB23.4560

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TULSI FOR HAWAII

Mailing Address PO BOX 75561

City
KAPOLEIState
HIZip Code
96707Purpose of Disbursement
Candidate Contribution

Candidate Name

TULSI GABBARDOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2013

Transaction ID : SB23.4549

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

5000.00

47500.00
