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Image# 201604139012319156

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than A	An Authorized	Committe	е		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing the lines.	g, type	12FE4M5		
National Organization f	for Women PA	.C					
ADDRESS (number and street)	1100 H Street, NW	<i>!</i>					
Check if different than previously reported. (ACC)	Ste 300 Washington				DC	20005	
2. FEC IDENTIFICATION NU	IMBER ▼	CITY 🛦		5	STATE 🛦	ZIP C	ODE 🛦
C C00092247		3. IS THIS REPORT	× NI	EW I) OR	AN (A)	IENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q	(c) 12-Day	ection	Jı	ay 20 (M5) un 20 (M6) ul 20 (M7)	Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
October 15 Quarterly Report (Q January 31 Year-End Report (Y) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	E)		General (30G)		Runoff (3	in the State OR) in the	of Special (30S)
5. Covering Period 03		Election on	through	M M 03	/ D D /	State 2016	
I certify that I have examined thi	is Report and to the	e best of my know	wledge and be	elief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	Linda Berg						
Signature of Treasurer Linda	Berg		[Electronically	Filed] D	ate 04	/ 13 /	2016
NOTE: Submission of false, errone	eous, or incomplete in	nformation may su	bject the perso	on signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FO	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Organization for Women PAC 03 01 2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 21572.36 January 1, 2016 (b) Cash on Hand at 23068.75 Beginning of Reporting Period..... 1220.25 6218.75 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 27791.11 24289.00 6(a) and 6(c) for Column B)..... 927.12 4429.23 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 23361.88 23361.88 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

National Organization for Women PAC

L. Receipts butions (other than loans) From: ndividuals/Persons Other than Political Committees) Itemized (use Schedule A)	Total This Period	Calendar Year-to-Date
ndividuals/Persons Other han Political Committees) Itemized (use Schedule A)	100.00	1600.00
han Political Committees) Itemized (use Schedule A)	100.00	1600.00
) Itemized (use Schedule A)	100.00	1600.00
i\ Lluitaminad		
i) Unitemized	1120.25	4118.75
ii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	1220.25	5718.75
olitical Party Committees	0.00	0.00
Other Political Committees		
such as PACs)	0.00	500.00
otal Contributions (add Lines		
		0040.75
	1220.25	6218.75
Committees	0.00	0.00
	0.00	0.00
ans Received	0.00	0.00
		0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
vin Funda (from Schodula HE)	0.00	0.00
Will Fullus (Irolli Scriedule H5)	9 9	7
tal Transfers (add 18(a) and 18(b))	0.00	0.00
tal Transiers (add To(a) and To(b))	7	5.55
	colitical Party Committees	rolitical Party Committees

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	
11. Operating Expenditures:	- Iotal IIIIs Fellou	Calcillal Teal-10-Date	
(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	927.12	2308.73	
Expenditures(c) Total Operating Expenditures	921.12	2306.73	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	927.12	2308.73	
2. Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees	, , , , , , , , , , , , , , , , , , , ,		
and Other Political Committees	0.00	2120.50	
4. Independent Expenditures	0.00	0.00	
(use Schedule E)5. Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(use scriedule r)		0.00	
6. Loan Repayments Made	0.00	0.00	
, ,			
7. Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(3001 43 1 703)	7		
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	0.00	
9. Other Disbursements	0.00	0.00	
C. Fodoval Floation Activity (O.H.C.C. \$401(00))			
 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	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	927.12	4429.23	
. , , , , , , , , , , , , , , , , , , ,	321.12	1.425.25	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	927.12	4429.23	

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)	1220.25	6218.75
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1220.25	6218.75
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	927.12	2308.73
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	927.12	2308.73

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13

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) National Organization for Women PAC Full Name (Last, First, Middle Initial) Terry O'Neill Date of Receipt Mailing Address 8322 N. Brook Lane 2016 21 City Zip Code State Transaction ID: SA11AI.9295 MD Bethesda 20814-2613 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation national organization for women president of now Receipt For: 2014 Aggregate Year-to-Date ▼ Primary ✓ General 300.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... 100.00 TOTAL This Period (last page this line number only).....

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SA11AI Transaction ID: SA11AI.9295

10595312

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:	PAGE 8 OF 9
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	X 21b	22 23	24 25 26
		27	28a 28b	28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	to and address of any point	ar committee to	Solicit Contributions	nom som sommer.
National Organization for Women F	ΡΔΟ			
/ National Organization for Women's	AO			
Full Name (Last, First, Middle Initial)				
A. D.C. Treasurer			Date of Disburse	ment
Mailing Address 4075 I/ Ct NW			03 1	
Mailing Address 1275 K St. NW #600			03 1	2016
	State Zip Code			00040 0040
Washington	DC 20005		Transaction ID	: SB21B.9310
Purpose of Disbursement taxes			Amount of Foot	Distance and this Deviced
Candidate Name			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		250.00
Office Sought: House Disbursen	nent For:	Турс	Memo Item	
	Primary General		L Memoritani	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Diahuma	
B. Global STL Global Payments			Date of Disburse	
Mailing Address 10 Glenlake Parkway, NE			03 0	2 2016
North Tower				
,	State Zip Code		Transaction ID	: SB21B.9306
Atlanta Purpose of Disbursement	GA 30328			
credit card processing fees			Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		87.05
Office Sought: House Disbursen			Memo Item	
	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Global STL Global Payments			Date of Disburse	ment
			M M / D	D / Y Y Y Y
Mailing Address 10 Glenlake Parkway, NE			03 0	2 2016
North Tower City S	State Zip Code			
	GA 30328		Transaction ID	: SB21B.9307
Purpose of Disbursement				
credit card processing fees		L	Amount of Each	Disbursement this Period
Candidate Name		Category/		184.95
Office Sought: House Disbursen	nent For:	Туре		104.93
	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:	· · · · · · · · · · · · · · · · · · ·			
SUBTOTAL of Disbursements This Page (optional)				522.00
TOTAL This Period (last page this line number only)				

Transaction Disbursement Disbur	SCHEDULE B (FEC Form 3X)	Llos conorate cohodula(=)	FOR LINE I		PAGE 9 OF 9
Amount of Each Disbursement this Period Category/ Total Name (Last, First, Middle Initial) National Organization for Women PAC Full Name (Last, First, Middle Initial) Sonia Ossorio Mailing Address 205 E 69th St. Apt. SA City State Zip Code New York NY 10021-5437 Purpose of Disbursement travel Candidate Name Category/ Type Office Sought: House Benkeda President State: Disbursement Cardidate Name Category/ Disbursement Cardidate Name Category/ City State Zip Code Memo Item Date of Disbursement Transaction ID : SB21B.9312 Amount of Each Disbursement Total Amount of Each Disbursement Category/ Type Office Sought: House Benkeda District: Disbursement Category/ Type Office Sought: House President Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item State: Disbursement Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item State: District: Memo Item State: District: Memo Item State: District: Memo Item Amount of Each Disbursement Ithis Period Category/ Type Memo Item Amount of Each Disbursement Ithis Period Category/ Type Memo Item Amount of Each Disbursement Ithis Period Category/ Type Memo Item State: District: Memo Item State: District: Memo Item State: District: Memo Item State: District: Memo Item Amount of Each Disbursement Ithis Period Category/ Type Memo Item Amount of Each Disbursement Ithis Period Category/ Type Memo Item Amount of Each Disbursement Ithis Period Category/ Type Memo Item	ITEMIZED DISBURSEMENTS		X 21b	22 23	
Name (Last, First, Middle Initial) National Organization for Women PAC Full Name (Last, First, Middle Initial) Sonia Ossorio Mailing Address 205 E 69th St. Apt. 5A City New Vork NY 10021-5437 Purpose of Disbursement travel Candidate Name Category/ Type Office Sought: House Senate Primary General Collegory Batheada Payment Solutions Mailing Address PO Box 30217 City Batheada President State: Disbursement credit ord processing fees Cardidate Name Office Sought: House Disbursement For: State: Disbursement Category/ Type Transaction ID : SB21B.9312 Amount of Each Disbursement this Period Date of Disbursement 3 11 2016 Transaction ID : SB21B.9312 Amount of Each Disbursement 3 21 Code Memo Item Transaction ID : SB21B.9311 Amount of Each Disbursement Category/ Type 104.90 Memo Item Date of Disbursement this Period Category/ Type 104.90 Memo Item Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type 104.90 Memo Item Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement this Period					
A Sonia Ossorio Mailing Address 205 E 69th St. Apt. 5A City State Zip Code NY 10021-5437 Purpose of Disbursement Itravel Candidate Name Category/ City State President Disbursement For: State: District Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Transaction ID : SB21B.9312 Amount of Each Disbursement this Period Category/ Type Date of Disbursement ID : SB21B.9312 Amount of Each Disbursement this Period Category/ Transaction ID : SB21B.9312 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID : SB21B.9312 Amount of Each Disbursement Category/ Type Transaction ID : SB21B.9311 Date of Disbursement Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Category/ Type Office Sought: House President Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item Amount of Each Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement this Period Memo Item Amount of Each Disbursement this Period Date of Disbursement this Period	NAME OF COMMITTEE (In Full)		committee to	SOHOL COHUIDUUOUS II	om such committee.
Mailing Address 205 E 69th St. Apt. 5A City State Zip Code New York New York New York Purpose of Disbursement travel Candidate Name Office Sought: House President Disbursement For: Senate President Other (specify) ▼ State Zip Code Memo Item Transaction ID : SB21B.9312 Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID : SB21B.9311 Date of Disbursement Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Other (specify) ▼ Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Other (specify) ▼ Other (specify) ▼ Senate President Candidate Name Category/ Type Office Sought: House President Candidate Name Category/ Type Office Sought: House President Candidate Name Category/ Type Office Sought: House President Candidate Name Category/ Type Memo Item Amount of Each Disbursement this Period Other (specify) ▼ Senate Primary General Primary General Primary General Primary General Other (specify) ▼ Senate President District: Senate Primary General Other (specify) ▼ Senate Primary General Other (specify) ▼ SubstortAL of Disbursements This Page (optional).	Full Name (Last, First, Middle Initial)				
Admilling Address 205 E 69th St. Apt. 5A City State	A. Sonia Ossorio				
New York Purpose of Disbursement travel Candidate Name Category/ Type Disbursement For: Senate President State: Disbursement State Disbursement President State Disbursement President Disbursement D	Mailing Address 205 E 69th St. Apt. 5A				
Perpose of Disbursement this Period Category/ Type Category Type Memo Item Category Memo Item Category Type Memo Item Category Memo Item Category Type Memo Item Category Memo Item				Transaction ID :	SB21B.9312
travel Candidate Name Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Disbursement For: Senate President State: District: City State City Sethesda MD 20824 Purpose of Disbursement Credit card processing fees Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Transaction ID: SB21B.9311 Amount of Each Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Amount of Each Disbursement this Period Category/ Type Memo Item State: District: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Memo Item State: District: State: District: State: Disbursement For: Senate Primary General Other (specify) ▼ SubstortAL of Disbursements This Page (optional)		NY 10021-5437		Transaction ib .	05215.5012
Office Sought:				Amount of Each D	isbursement this Period
Office Sought: House Senate Prisadent For: Senate Prisadent State: District: Full Name (Last, First, Middle Initial) Payment Solutions Mailing Address PO Box 30217 City State Zip Code MD 20824 Purpose of Disbursement credit card processing fees Candidate Name Category/ Type Office Sought: House Senate Prisadent District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Date of Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem Transaction ID : SB21B.9311 Amount of Each Disbursement this Period Memolitem	Candidate Name		Category/		200.00
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Payment Solutions Mailing Address PO Box 30217 City State Zip Code Bethesda MD 20824 Purpose of Disbursement credit card processing fees Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) Mailing Address City State Zip Code MD 20824 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Memo Item Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type					260.00
Full Name (Last, First, Middle Initial) Payment Solutions Mailing Address PO Box 30217 City State Zip Code Bethesda MD 20824 Purpose of Disbursement credit card processing fees Candidate Name Category/ Type Office Sought: House Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement this Period Date of Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Primary General Primary General Primary General Primary General Disbursement this Period Category/ Type Office Sought: House Senate Primary General Primary General Primary General Primary General Disbursement this Period Category/ Type Memo Item Amount of Each Disbursement this Period Memo Item Memo Item Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) Amount of Each Disbursement this Period Category/ Type Memo Item 364.90	Senate	Primary General		Memo Item	
Mailing Address PO Box 30217 City State Zip Code Bethesda MD 20824 Purpose of Disbursement credit card processing fees Candidate Name City State District: Full Name (Last, First, Middle Initial) City State Zip Code President Other (specify) ▼ Date of Disbursement Amount of Each Disbursement this Period Category/ Type Date of Disbursement This Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) ▼ Senate President Other (specify) ▼ State: District: Substract This Page (optional)	State: District:				
Mailing Address PO Box 30217 City Bethesda MD 20824 Purpose of Disbursement credit card processing fees Candidate Name Category/ Type Office Sought: House President Primary General Other (specify) ▼ Category/ Type Disbursement City State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Senate Primary General Other (specify) ▼ State: District: Substruction ID: SB21B.9311 Amount of Each Disbursement this Period Office Sought: House Primary General Other (specify) ▼ State: District: Substruction ID: SB21B.9311 Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼	Full Name (Last, First, Middle Initial) - Payment Solutions			Date of Disbursem	ent
City	Moiling Address DOD 00047				
Bethesda MD 20824 Purpose of Disbursement credit card processing fees City State Zip Code Purpose of Disbursement Candidate Name Category/Type Date of Disbursement Category/Type Memo Item Amount of Each Disbursement this Period Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/Type Office Sought: House Disbursement For: Senate Primary General Disbursement Candidate Name Category/Type Office Sought: House Disbursement For: Senate Primary General Disbursement this Period Memo Item Memo Item Memo Item Memo Item Memo Item State: District: Substate: District: Amount of Each Disbursement this Period Memo Item Memo Item Memo Item Memo Item Memo Item Memo Item	Mailing Address PO Box 30217			03 11	2016
Bethesda	City	State Zip Code		Transaction ID :	SR21R 9311
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/ Type Memo Item Date of Disbursement this Period Category/ Type Memo Item Date of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	2011.0000	MD 20824		Transaction is:	05215.0011
Candidate Name Category/ Type Office Sought: House				Amount of Each D	isbursement this Period
Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Senate Primary General Other (specify) Memoltem Memoltem 364.90	Candidate Name				
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General		Memo Item	
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: District: Date of Disbursement Amount of Each Disbursement this Period Memo Item 364.90					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President President State: District: Subtotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substruct Substruct Amount of Each Disbursement this Period Memo Item 364.90	Mailing Address				
Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: Memo Item Amount of Each Disbursement this Period Memo Item 364.90	City	State Zip Code			
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Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Substruct: State: Disbursements This Page (optional)	Candidate Name				
SOBTOTAL OF DISDUISEMENTS THIS Tage (Optional)	Senate President	Primary General	71		
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