

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 FEB -1 AM 9:45
Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

FEMINIST MAJORITY PAC

ADDRESS (number and street) 1600 WILSON BLVD.
SUITE 801
 Check if different than previously reported. (ACC) ARLINGTON VA 22209

2. **FEC IDENTIFICATION NUMBER ▼** C00377168 **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:

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

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

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

Election on MM / DD / YYYYYY in the State of

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

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

Election on MM / DD / YYYYYY in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 ELEANOR SMEAL, ASSISTANT TREASURER

Signature of Treasurer Eleanor Smear Date 01 / 28 / 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FEMINIST MAJORITY PAC

Report Covering the Period: From:

07 ' **01** ' **2015**

To:

12 ' **31** ' **2015**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		2,551.89
(b) Cash on Hand at Beginning of Reporting Period.....	6,867.99	
(c) Total Receipts (from Line 19).....	14,120.00	25,220.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20,987.96	27,771.89
7. Total Disbursements (from Line 31).....	1,039.47	7,823.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19,948.49	19,948.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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

FEMINIST MAJORITY PAC

Report Covering the Period: From:

07' 01' 2015

To:

12' 31' 2015

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

Than Political Committees

(i) Itemized (use Schedule A).....

6,725.00

17,725.00

(ii) Unitemized

7,395.00

7,495.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

14,120.00

25,220.00

(b) Political Party Committees

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

14,120.00

25,220.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

14,120.00

25,220.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

14,120.00

25,220.00

NON-FEDERAL AND LEVIN FUNDS

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1,039.47	1,823.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1,039.47	1,823.40
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,039.47	1,823.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,039.47	1,823.40

NON-FEDERAL SHARE

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)	14,120.00	25,220.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14,120.00	25,220.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1,039.47	1,823.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1,039.47	1,823.40

NON-FUNCTIONAL INFORMATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 14	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12 <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)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial) **SENCHAK, MARLISA, L.**

Mailing Address **5101 CANNACK DR.**

City **BETHESDA, MD** State Zip Code **20816**

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1,000.00**

Date of Receipt **07 / 09 / 2015**

Amount of Each Receipt this Period **1,000.00**

B. Full Name (Last, First, Middle Initial) **LENO, MAVIS, NICHOLSON**

Mailing Address **P.O. Box 7885**

City **BURBANK, CA** State Zip Code **91510**

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

Name of Employer **N/A** Occupation **N/A**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1,000.00**

Date of Receipt **07 / 15 / 2015**

Amount of Each Receipt this Period **1,000.00**

C. Full Name (Last, First, Middle Initial) **SMYAL, ELEANOR, M.**

Mailing Address **900 N. STAFFORD ST.**

City **ARLINGTON, VA** State Zip Code **22203**

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

Name of Employer **FEMINIST MAJORITY FON** Occupation **EXECUTIVE / President**

Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2,500.00**

Date of Receipt **12 / 31 / 2015**

Amount of Each Receipt this Period **2,500.00**

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

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

1-800-424-9500

**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 <u>7</u> OF <u>14</u>
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
BERNSTEIN, DAVID, A.

Mailing Address
4010 ROSSEAU LANE

City **Palo Verde Pk, CA** State **CA** Zip Code **90274**

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

Name of Employer **SCMG** Occupation **PHYSICIAN**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **2250.00**

Date of Receipt
11 / 09 / 2015

Amount of Each Receipt this Period
2250.00

B. Full Name (Last, First, Middle Initial)
MEISLIN, BARBARA, J.

Mailing Address
PO BOX 1277

City **TIBURON, CA** State **CA** Zip Code **94920**

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

Name of Employer **SELF - N/A** Occupation **AUTHOR**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **250.00**

Date of Receipt
10 / 26 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address
56 GARDEN PL.

City **BROOKLYN, NY** State **NY** Zip Code **11201**

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

Name of Employer **JUMP EDITORIAL** Occupation **FILM EDITOR**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **300.00**

Date of Receipt
10 / 16 / 2015

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶ **5000.00**

TOTAL This Period (last page this line number only).....▶ **5000.00**

NON-FUNCTIONAL COPY

**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 <u>8</u> OF <u>14</u>		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

A. Full Name (Last, First, Middle Initial)
RENNELS, DEBORAH

Mailing Address
57 MONTAQUE ST.

City **BROOKLYN, NY** State Zip Code **11201**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
12 ' 13 ' 2015

Amount of Each Receipt this Period
450.00

B. Full Name (Last, First, Middle Initial)
WEISSMAN, MILDRED

Mailing Address
81 MANURSING WAY

City **RYE, NY** State Zip Code **10580**

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

Name of Employer Occupation
NIA RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1,000.00**

Date of Receipt
11 ' 13 ' 2015

Amount of Each Receipt this Period
1,000.00

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

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

TOTAL This Period (last page this line number only).....▶ **6,725.00**

NON-FUNCTIONAL INFORMATION

**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)

PAGE 9 OF 14

<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)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. **BANK OF AMERICA
MERCHANT SERVICES**

Date of Disbursement

07' 07' 2015

Mailing Address

P.O. BOX 6605

City

HAGERSTOWN, MD

State

Zip Code

21741

Purpose of Disbursement

CREDIT CARD FEE

0.01

Amount of Each Disbursement this Period

25.00

Candidate Name

N/A

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **PAYPAL, INC.**

Date of Disbursement

07' 03' 2015

Mailing Address

4100 SOLUTIONS CENTER

City

CHICAGO, IL

State

Zip Code

60677

Purpose of Disbursement

FEE FOR MONTHLY PROCESSING

0.01

Amount of Each Disbursement this Period

54.10

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **BANK OF AMERICA**

Date of Disbursement

07' 15' 2015

Mailing Address

P.O. BOX 830175

City

DALLAS, TX

State

Zip Code

75283

Purpose of Disbursement

BANK SERVICE CHARGE

0.01

Amount of Each Disbursement this Period

52.65

Candidate Name

N/A

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

201507101010000442004

**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)						PAGE <u>10</u> OF <u>14</u>
	<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)
FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA MERCHANT SERVICES		Date of Disbursement 08' 01' 2015
Mailing Address P.O. BOX 6605		Amount of Each Disbursement this Period 25.00
City HAGERSTOWN, MD	State MD	
Purpose of Disbursement CREDIT CARD FEE		Category/ Type 001
Candidate Name N/A		
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. PAYPAL, INC.		Date of Disbursement 08' 03' 2015
Mailing Address 4100 SOLUTIONS CENTER		Amount of Each Disbursement this Period 54.10
City CHICAGO, IL	State IL	
Purpose of Disbursement FEE FOR MONTHLY PROCESSING		Category/ Type 001
Candidate Name N/A		
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. BANK OF AMERICA		Date of Disbursement 08' 17' 2015
Mailing Address P.O. BOX 830175		Amount of Each Disbursement this Period 57.08
City DALLAS, TX	State TX	
Purpose of Disbursement BANK SERVICE CHARGE		Category/ Type 001
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

NON-PAYABLE TO THE ORDER OF

**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)						PAGE 11 OF 14				
	<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

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NAME OF COMMITTEE (In Full)
FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA MERCHANT SERVICES		Date of Disbursement 09' 01' 2015
Mailing Address P.O. Box 6605		Amount of Each Disbursement this Period 25.00
City HAGERSTOWN, MD	State Zip Code 21741	
Purpose of Disbursement CREDIT CARD FEE		Category/Type 0.01
Candidate Name N/A		
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. PAYPAL, INC.		Date of Disbursement 09' 03' 2015
Mailing Address 4100 SOLUTIONS CENTER		Amount of Each Disbursement this Period 54.10
City CHICAGO, IL	State Zip Code 60677	
Purpose of Disbursement FEE FOR MONTHLY PROCESSING		Category/Type 0.01
Candidate Name N/A		
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. BANK OF AMERICA		Date of Disbursement 09' 15' 2015
Mailing Address P.O. BOX 830175		Amount of Each Disbursement this Period 50.37
City DALLAS, TX	State Zip Code 75283	
Purpose of Disbursement BANK SERVICE CHARGE		Category/Type 0.01
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

20150915 10:00:00 AM

**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)

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

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NAME OF COMMITTEE (In Full)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

A. **BANK OF AMERICA
MERCHANT SERVICES**

Date of Disbursement

10 / 01 / 2015

Mailing Address

P.O. Box 6605

City State Zip Code

HAGERSTOWN, MD 21741

Purpose of Disbursement

CREDIT CARD FEE

0.01

Amount of Each Disbursement this Period

25.00

Candidate Name

N/A

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. **PAYPAL, INC.**

Date of Disbursement

10 / 03 / 2015

Mailing Address

4100 SOLUTIONS CENTER

City State Zip Code

CHICAGO, IL 60677

Purpose of Disbursement

FEE FOR MONTHLY PROCESSING

0.01

Amount of Each Disbursement this Period

54.10

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. **BANK OF AMERICA**

Date of Disbursement

10 / 15 / 2015

Mailing Address

P.O. BOX 830175

City State Zip Code

DALLAS, TX 75283

Purpose of Disbursement

BANK SERVICE CHARGE

0.01

Amount of Each Disbursement this Period

50.43

Candidate Name

N/A

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: District:

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

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

Empty boxes for subtotal and total amounts.

NON-PROFIT CORPORATION

**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"/> 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)
FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial) A. BANK OF AMERICA MERCHANT SERVICES		Date of Disbursement 11 ' 01 ' 2015
Mailing Address P.O. BOX 6605		Amount of Each Disbursement this Period 85.00
City HAGERSTOWN, MD	State Zip Code 21741	
Purpose of Disbursement CREDIT CARD FEE		Category/Type 0.01
Candidate Name N/A		
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. PAYPAL, INC.		Date of Disbursement 11 ' 03 ' 2015
Mailing Address 4100 SOLUTIONS CENTER		Amount of Each Disbursement this Period 54.10
City CHICAGO, IL	State Zip Code 60677	
Purpose of Disbursement FEE FOR MONTHLY PROCESSING		Category/Type 0.01
Candidate Name N/A		
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. BANK OF AMERICA		Date of Disbursement 11 ' 16 ' 2015
Mailing Address P.O. BOX 830175		Amount of Each Disbursement this Period 119.51
City DALLAS, TX	State Zip Code 75283	
Purpose of Disbursement BANK SERVICE CHARGE		Category/Type 0.01
Candidate Name N/A		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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

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**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)

PAGE 19 OF 14

<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)

FEMINIST MAJORITY PAC

Full Name (Last, First, Middle Initial)

**A. BANK OF AMERICA
MERCHANT SERVICES**

Date of Disbursement

12 / 01 / 2015

Mailing Address

P.O. BOX 6605

City

HAGERSTOWN, MD

State

Zip Code

21741

Purpose of Disbursement

CREDIT CARD FEE

0.01

Amount of Each Disbursement this Period

75.05

Candidate Name

N/A

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. PAYPAL, INC.

Date of Disbursement

12 / 03 / 2015

Mailing Address

4100 SOLUTIONS CENTER

City

CHICAGO, IL

State

Zip Code

60677

Purpose of Disbursement

FEE FOR MONTHLY PROCESSING

0.01

Amount of Each Disbursement this Period

54.10

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Date of Disbursement

12 / 15 / 2015

Mailing Address

P.O. BOX 830175

City

DALLAS, TX

State

Zip Code

75283

Purpose of Disbursement

BANK SERVICE CHARGE

0.01

Amount of Each Disbursement this Period

124.78

Candidate Name

N/A

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

1039.47

1039.47

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Express

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RTT 677
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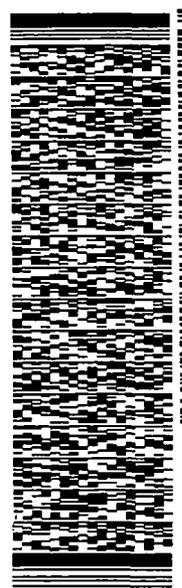
Page 1 of 2

ORIGIN ID: ZFOA (703) 522-2214
DIANE CUTRI
FEMMANS MAGAZINE
1600 WILLSON BLVD
SUITE 901
ARLINGTON, VA 22209
UNITED STATES US

SHIP DATE: 29 JAN 16
ACTWGT: 0.50 LB
CAD: 1494327INETS7330
BILL SENDER

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FEDERAL ELECTION COMMISSION
999 E STREET, NW

WASHINGTON DC 20463
REF: FM/70
DEPT:
PO:



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540J10E61727F

TRK# 7755 3237 1924
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Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FED EX	Shipping Date 1/29/16
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  DATE PREPARED **2/1/16**
 (3/2015)

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