

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

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

womenwinning Federal PAC

ADDRESS (number and street)

2324 University Avenue West

Suite 120B

☐ Check if different
than previously
reported. (ACC)

St. Paul

MN

55114

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00282327

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
Quarterly Report(YE)
- ☐ July 31 Mid-Year
Report(Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

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

Courtney Kiernat

Signature of Treasurer

Electronically Filed by Courtney Kiernat

Date

02

01

2010

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)

2 / 13

Write or Type Committee Name
womenwinning Federal PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
2009		2797.90
(b) Cash on Hand at Beginning of Reporting Period	2797.90	
(c) Total Receipts (from Line 19)	9317.90	9317.90
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12115.80	12115.80
7. Total Disbursements (from Line 31)	10246.60	10246.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1869.20	1869.20
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)

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Write or Type Committee Name
womenwinning Federal PAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 9

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 9

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)	9071.54	9071.54
(ii) Unitemized	246.36	246.36
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9317.90	9317.90
(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)	9317.90	9317.90
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
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 Transfer (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))	9317.90	9317.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9317.90	9317.90

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared 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.....	246.60	246.60	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	246.60	246.60	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared 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))..	10246.60	10246.60	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10246.60	10246.60	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	9317.90	9317.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9317.90	9317.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	246.60	246.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	246.60	246.60

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

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

FOR LINE NUMBER: PAGE 6 / 13

(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)
 womenwinning Federal PAC

A.

Full Name (Last, First, Middle Initial)
 Ms. Fran J Davis

Mailing Address 1512 Douglas Ave.

City State Zip Code
 Minneapolis MN 55403

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Coldwell Banker Burney Re-
 alty

Occupation
 Sales Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5224

Amount of Each Receipt this Period

1000.00

Contribution from Board
member to Federal PAC

B.

Full Name (Last, First, Middle Initial)
 Bud Hayden

Mailing Address 100 2nd Ave S. SE #801

City State Zip Code
 Minneapolis MN 55414

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired

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
 0 9 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period

1000.00

Member Contribution to Fed
PAC

C.

Full Name (Last, First, Middle Initial)
 Rachel Hollstadt

Mailing Address 1080 Bluebill Bay Rd

City State Zip Code
 Burnsville MN 55306

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hollstadt and Associates

Occupation
 CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 9 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.5189

Amount of Each Receipt this Period

5000.00

Member Contribution to Fed
PAC

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

womenwinning Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathryn Pearson

Mailing Address 3417 St. Louis Ave

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.54

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.5193

Amount of Each Receipt this Period

98.18

Board Member Contribution
to Fed PAC

B.

Full Name (Last, First, Middle Initial)

Kathryn Pearson

Mailing Address 3417 St. Louis Ave

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.5196

Amount of Each Receipt this Period

98.18

Board Member Contribution
to Federal PAC

C.

Full Name (Last, First, Middle Initial)

Kathryn Pearson

Mailing Address 3417 St. Louis Ave

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.5209

Amount of Each Receipt this Period

98.18

Board member contribution
to Fed PAC

SUBTOTAL of Receipts This Page (optional)

294.54

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 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

womenwinning Federal PAC

A.

Full Name (Last, First, Middle Initial)

Amy Rotenberg

Mailing Address 90 South 7th Street

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rotenberg Associates

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5191

Amount of Each Receipt this Period

259.00

Board Member Contribution
to Fed PAC

B.

Full Name (Last, First, Middle Initial)

Amy Rotenberg

Mailing Address 90 South 7th Street

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rotenberg Associates

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5194

Amount of Each Receipt this Period

259.00

Board Member Contribution
to Fed PAC

C.

Full Name (Last, First, Middle Initial)

Amy Rotenberg

Mailing Address 90 South 7th Street

City

Minneapolis

State

MN

Zip Code

55402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rotenberg Associates

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5197

Amount of Each Receipt this Period

259.00

Board Member Contribution
to Federal PAC

SUBTOTAL of Receipts This Page (optional)

777.00

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 9 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

womenwinning Federal PAC

A.

Full Name (Last, First, Middle Initial)

Cherie Stofer

Mailing Address 4604 Gulf Terrace

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Performance

Occupation

Management Consultant

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	9

Transaction ID: SA11AI.5206

Amount of Each Receipt this Period

1000.00

Member Contribution to Fed
PAC

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

9071.54

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 / 13

<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)
womenwinning Federal PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 64407</p> <p>City St. Paul State MN Zip Code 55164-9360</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5232</p> <p>Date of Disbursement 10 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 7.57</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 64407</p> <p>City St. Paul State MN Zip Code 55164-9360</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5230</p> <p>Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 3.15</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) US Bank</p> <p>Mailing Address PO Box 64407</p> <p>City St. Paul State MN Zip Code 55164-9360</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5227</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 3.15</p>

SUBTOTAL of Disbursements This Page (optional)

13.87

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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)
womenwinning Federal PAC

A. Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 64407	Transaction ID: SB21B.5233 Date of Disbursement <div> <div>11</div> <div>17</div> <div>2009</div> </div>
City St. Paul State MN Zip Code 55164-9360 Purpose of Disbursement Bank fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>7.57</div>
B. Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 64407 City St. Paul State MN Zip Code 55164-9360 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5219 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>10.00</div>
C. Full Name (Last, First, Middle Initial) US Bank Mailing Address PO Box 64407 City St. Paul State MN Zip Code 55164-9360 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.5228 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2009</div> </div> Amount of Each Disbursement this Period <div>3.15</div>

SUBTOTAL of Disbursements This Page (optional)

20.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 13

<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)
womenwinning Federal PAC

A.

Full Name (Last, First, Middle Initial)
US Bank

Mailing Address PO Box 64407

City State Zip Code
St. Paul MN 55164-9360

Purpose of Disbursement
Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.57

B.

Full Name (Last, First, Middle Initial)
US Bank

Mailing Address PO Box 64407

City State Zip Code
St. Paul MN 55164-9360

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.5229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.15

SUBTOTAL of Disbursements This Page (optional)

10.72

TOTAL This Period (last page this line number only)

45.31

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 13 / 13

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

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NAME OF COMMITTEE (In Full)
womenwinning Federal PAC

A. Full Name (Last, First, Middle Initial) Friends for Tarryl	Transaction ID: SB23.5218 Date of Disbursement																				
Mailing Address Po Box 489	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City St Cloud State MN Zip Code 56302	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Friends for Tarryl	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Friends for Tarryl	Transaction ID: SB23.5225 Date of Disbursement																				
Mailing Address Po Box 489	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
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SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00