

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** ▼ C C00488387 **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) 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 (12S)
Election on M M / 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 / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2012 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2012

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 / D D / Y Y Y Y Y Y 01 / 22 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		90415.18
(b) Cash on Hand at Beginning of Reporting Period.....	215627.99	
(c) Total Receipts (from Line 19)	34000.00	200450.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	249627.99	290865.18
7. Total Disbursements (from Line 31).....	77730.10	118967.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	171897.89	171897.89
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)

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34000.00	200250.00
(ii) Unitemized	0.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	34000.00	200450.00
(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)	34000.00	200450.00
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).....	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 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))..... ▶	34000.00	200450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	34000.00	200450.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10230.10	26467.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10230.10	26467.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	67500.00	92500.00
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	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) 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)) ..	77730.10	118967.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77730.10	118967.29

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)	34000.00	200450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34000.00	200450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10230.10	26467.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10230.10	26467.29

**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 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Stephanie Ackler
Full Name (Last, First, Middle Initial)
Mailing Address 160 West 77th St, 5A
City New York State NY Zip Code 10024
FEC ID number of contributing federal political committee. **C**
Name of Employer Ackler Wealth Management Occupation Managing Director, Investments
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 21 / 2012
Transaction ID : SA11AI.4715
Amount of Each Receipt this Period 1000.00
Contribution

B. Arlene Alda
Full Name (Last, First, Middle Initial)
Mailing Address 380 Lexington Ave., #17
City New York State NY Zip Code 10128
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation None
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 28 / 2012
Transaction ID : SA11AI.4717
Amount of Each Receipt this Period 1000.00
Contribution

C. Andrea Barchas
Full Name (Last, First, Middle Initial)
Mailing Address 60 East 42nd St, Suite 2540
City New York State NY Zip Code 10165
FEC ID number of contributing federal political committee. **C**
Name of Employer US Holocaust Mem Museum Occupation Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 01 / 2012
Transaction ID : SA11AI.4721
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... 3000.00
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
Tri-State Maxed-Out Women

A. Brenda Block
Full Name (Last, First, Middle Initial)
Mailing Address 445 Park Ave., 9th Fl
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer Unk Occupation Unk
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2012
Transaction ID : SA11AI.4723
Amount of Each Receipt this Period 1000.00
Contribution

B. Polly Cleveland
Full Name (Last, First, Middle Initial)
Mailing Address 20 W 72nd St, Apt 506
City New York State NY Zip Code 10023
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia Univ Occupation Adjunct Prof Economics
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2012
Transaction ID : SA11AI.4725
Amount of Each Receipt this Period 1000.00
Contribution

C. Peggy Danziger
Full Name (Last, First, Middle Initial)
Mailing Address 155 East 69th St
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation N/A
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 15 / 2012
Transaction ID : SA11AI.4727
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 3000.00
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 36
	(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)
Tri-State Maxed-Out Women

A. Diane Fogg
Full Name (Last, First, Middle Initial)

Mailing Address 1185 Park Ave.

City New York State NY Zip Code 10128

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

Name of Employer None Occupation Housewife

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2012
Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
 1000.00

Contribution

B. Ann Gottlieb
Full Name (Last, First, Middle Initial)

Mailing Address 325 West End Ave., #9D

City New York State NY Zip Code 10023

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

Name of Employer Ann Gottlieb Associates Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2012
Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
 1000.00

Contribution

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

Mailing Address 446 Park Ave., 9th Fl

City New York State NY Zip Code 10022

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

Name of Employer Unk Occupation Unk

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2012
Transaction ID : SA11AI.4733

Amount of Each Receipt this Period
 1000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Haas		Date of Receipt MM / DD / YYYY 04 / 16 / 2012 Transaction ID : SA11AI.4735
Mailing Address 247 Trinity Pass		Amount of Each Receipt this Period 1000.00
City Pound Ridge	State NY	Zip Code 10576
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer N/A	Occupation Housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Idelle Howitt		Date of Receipt MM / DD / YYYY 04 / 18 / 2012 Transaction ID : SA11AI.4737
Mailing Address 2 Sutton Place South		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Sarah Kagan		Date of Receipt MM / DD / YYYY 04 / 28 / 2012 Transaction ID : SA11AI.4739
Mailing Address 56 Brewster Road		Amount of Each Receipt this Period 1000.00
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Alice Kandell		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : SA11AI.4741
Mailing Address 445 Park Ave., 9th Fl		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Unk	Occupation Unk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Nancy Kaufman		Date of Receipt MM / DD / YYYY 04 / 28 / 2012 Transaction ID : SA11AI.4743
Mailing Address 372 Central Park West, Apt 19N		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10025
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Natl Council Jewish Women	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ruth Lapidus		Date of Receipt MM / DD / YYYY 04 / 02 / 2012 Transaction ID : SA11AI.4745
Mailing Address 445 Park Ave.		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Unk	Occupation Unk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Susan Levine		Date of Receipt
Mailing Address 355 Bryant St		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Francisco	CA	94107
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4747
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution
None	Retired Supreme Court Justice	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cathleen London		Date of Receipt
Mailing Address 445 PArk Ave.		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10022
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4749
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution
Unk	Doctor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Congwoman Carolyn Maloney		Date of Receipt
Mailing Address 1651 3rd Avenue, Suite 311		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10128
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4751
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Contribution
US Government	Congresswoman	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Julie Menin		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 Transaction ID : SA11AI.4754
Mailing Address 445 Park Ave, 9th Fl		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Unk	Occupation Unk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ronnie Planalp		Date of Receipt MM / DD / YYYY 05 / 24 / 2012 Transaction ID : SA11AI.4753
Mailing Address 48 West 88th St.		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10024
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self	Occupation Producer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Melanie Radley		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 Transaction ID : SA11AI.4756
Mailing Address 445 Park Ave, 9th Fl		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Unk	Occupation Unk	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Jenifer Rajkumar		Date of Receipt MM / DD / YYYY 06 / 26 / 2012
Mailing Address 445 Park Ave		Transaction ID : SA11AI.4758
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Unk	Occupation Unk	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Joan Rothman		Date of Receipt MM / DD / YYYY 04 / 18 / 2012
Mailing Address 11 Mamaroneck Rd.		Transaction ID : SA11AI.4760
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Sheryl Rubinstein		Date of Receipt MM / DD / YYYY 04 / 26 / 2012
Mailing Address 755 Park Ave.		Transaction ID : SA11AI.4762
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self employed	Occupation Artist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Judith Scheide		Date of Receipt MM / DD / YYYY 06 / 07 / 2012 Transaction ID : SA11AI.4764
Mailing Address 445 Park Ave		Amount of Each Receipt this Period 5000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer None	Occupation None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Sybil Shainwald		Date of Receipt MM / DD / YYYY 04 / 21 / 2012 Transaction ID : SA11AI.4850
Mailing Address 445 Park Ave, 9th Fl		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Unk	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Barbara Shuster		Date of Receipt MM / DD / YYYY 04 / 09 / 2012 Transaction ID : SA11AI.4844
Mailing Address 91 Central Park West		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer None	Occupation None, Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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: (check only one)	PAGE 15 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Barbara Sprung		Date of Receipt MM / DD / YYYY 04 / 16 / 2012 Transaction ID : SA11AI.4842
Mailing Address 230 Saugatuck Ave., Apt. 6		Amount of Each Receipt this Period 1000.00
City Westport	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer FHI360	Occupation Co-Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Altagracia Valle		Date of Receipt MM / DD / YYYY 04 / 28 / 2012 Transaction ID : SA11AI.4846
Mailing Address 222 East 56th St, #4F		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self employed	Occupation Real Estate Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. JoAnn Wellner		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : SA11AI.4848
Mailing Address 1065 Seahaven Dr		Amount of Each Receipt this Period 1000.00
City Mammaroneck	State NY	Zip Code 10543
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer None	Occupation Attorney; Real estae executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	34000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Processing Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4993

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4995

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Processing Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5000

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5001

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Processing Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5006

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
AMEX Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5007

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4992

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Processing Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4994

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Processing Fees

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4999

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Paymentech Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2012

Transaction ID : SB21B.5005

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

B. Gilbert & Wolfand PC

Mailing Address 2201 Wisconsin Ave NW # 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Accounting Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2012

Transaction ID : SB21B.4779

Amount of Each Disbursement this Period

632.00

Full Name (Last, First, Middle Initial)

C. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2012

Transaction ID : SB21B.4768

Amount of Each Disbursement this Period

200.00

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

877.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4769

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4770

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4996

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4771

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4772

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4773

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4774

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wendy Komaroff

Mailing Address 115 West 132nd ST
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
Administration Support

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4775

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Regus Office Solutions

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administration Support

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5002

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. James Stanton

Mailing Address 235 East 22nd St.
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement
Graphic Design

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4778

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. James Stanton

Mailing Address 235 East 22nd St.
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement
Graphic Design

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5008

Amount of Each Disbursement this Period

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
Consulting Services

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4776

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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
Office Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4777

Amount of Each Disbursement this Period

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
Event Supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5012

Amount of Each Disbursement this Period

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
Event Staff

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5011

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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
Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4782

Amount of Each Disbursement this Period

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
Office Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4783

Amount of Each Disbursement this Period

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
Consulting Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4784

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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
Office Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4785

Amount of Each Disbursement this Period

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
Event Staff

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4786

Amount of Each Disbursement this Period

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
Event Staff

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5013

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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

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. Debbie Teitelbaum

Mailing Address 115 East 86th ST

City New York State NY Zip Code 10128

Purpose of Disbursement
Administration Support

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4838

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Tuscany Caterers

Mailing Address 61 West 55th St, #1

City New York State NY Zip Code 10019

Purpose of Disbursement
Event Catering Services

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.4787

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. SHELLEY ADLER

Mailing Address 200 LAUREL CREEK BOULEVARD

City MOORESTOWN State NJ Zip Code 08057

Purpose of Disbursement
Contribution

011

Candidate Name

SHELLEY ADLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 03

Date of Disbursement

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

Transaction ID : **SB23.4809**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. TAMMY BALDWIN

Mailing Address 119 MARTIN LUTHER KING JR BLVD LL4

City MADISON State WI Zip Code 53703

Purpose of Disbursement
Contribution

011

Candidate Name

TAMMY BALDWIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	2

Transaction ID : **SB23.4794**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SHELLEY BERKLEY

Mailing Address 1210 S VALLEY VIEW BLVD STE 114

City LAS VEGAS State NV Zip Code 89102

Purpose of Disbursement
Contribution

011

Candidate Name

SHELLEY BERKLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

Transaction ID : **SB23.4825**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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. BOOCKVAR FOR CONGRESS

Mailing Address 73 OLD DUBLIN PIKE
SUITE 10 #134

City DOYLESTOWN State PA Zip Code 18901

Purpose of Disbursement
Contribution

011

Candidate Name

BOOCKVAR FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : **SB23.4833**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JULIA BROWNLEY

Mailing Address 5613 FOXWOOD DRIVE

City OAK PARK State CA Zip Code 91377

Purpose of Disbursement
Contribution

011

Candidate Name

JULIA BROWNLEY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 26

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.4800**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. CHERI BUSTOS

Mailing Address PO BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Contribution

011

Candidate Name

CHERI BUSTOS

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : **SB23.4836**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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 A DAVIS

Mailing Address 5241 CANTERBURY DR.

City State Zip Code
SAN DIEGO CA 92116

Purpose of Disbursement
Contribution

011

Candidate Name

SUSAN A DAVIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	2

Transaction ID : SB23.4790

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. VALDEZ VAL DEMINGS

Mailing Address 9148 SOUTHERN BREEZE DRIVE

City State Zip Code
ORLANDO FL 32836

Purpose of Disbursement
Contribution

011

Candidate Name

VALDEZ VAL DEMINGS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	2

Transaction ID : SB23.4824

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City State Zip Code
ROLLING MEADOWS IL 60008

Purpose of Disbursement
Contribution

011

Candidate Name

DUCKWORTH FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	2

Transaction ID : SB23.4819

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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. LOIS J FRANKEL

Mailing Address PO BOX 775

City WEST PALM BEACH State FL Zip Code 33402

Purpose of Disbursement Contribution

011

Candidate Name

LOIS J FRANKEL

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: FL District: 22

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2012

Transaction ID : SB23.4822

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MICHELLE GRISHAM

Mailing Address 601 MOUNTAIN ROAD NW

City ALBUQUERQUE State NM Zip Code 87102

Purpose of Disbursement Contribution

011

Candidate Name

MICHELLE GRISHAM

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
05 / 12 / 2012

Transaction ID : SB23.4807

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PAM GULLESON

Mailing Address PO BOX 215

City RUTLAND State ND Zip Code 58067

Purpose of Disbursement Contribution

001

Candidate Name

PAM GULLESON

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SB23.4798

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. JOYCE HEALY-ABRAMS

Mailing Address 2548 GLENMONT ROAD NW

City CANTON State OH Zip Code 44708

Purpose of Disbursement
Contribution

011

Candidate Name

JOYCE HEALY-ABRAMS

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : **SB23.4811**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. HEIDI HEITKAMP

Mailing Address 21 CAPTAIN LEACH DRIVE

City MANDAN State ND Zip Code 58554

Purpose of Disbursement
Contribution

011

Candidate Name

HEIDI HEITKAMP

Category/
Type

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : **SB23.4792**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HEIDI HEITKAMP

Mailing Address 21 CAPTAIN LEACH DRIVE

City MANDAN State ND Zip Code 58554

Purpose of Disbursement
Contribution

011

Candidate Name

HEIDI HEITKAMP

Category/
Type

Office Sought: House
 Senate
 President
State: ND District: 00

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 12 / 2012

Transaction ID : **SB23.4802**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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. TERESA HENSLEY

Mailing Address PO BOX 620

City RAYMORE State MO Zip Code 64083

Purpose of Disbursement
Contribution

011

Candidate Name

TERESA HENSLEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 04

Date of Disbursement

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

Transaction ID : SB23.4815

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. MAZIE K HIRONO

Mailing Address PO BOX 677

City HONOLULU State HI Zip Code 96809

Purpose of Disbursement
Contribution

011

Candidate Name

MAZIE K HIRONO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

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

Transaction ID : SB23.4813

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KATHLEEN COURTNEY HOCHUL

Mailing Address PO BOX 64

City BUFFALO State NY Zip Code 14231

Purpose of Disbursement
Contribution

011

Candidate Name

KATHLEEN COURTNEY HOCHUL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	2

Transaction ID : SB23.4834

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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. NITA M LOWEY

Mailing Address 188 EAST POST ROAD
SUITE 305

City WHITE PLAINS State NY Zip Code 10601

Purpose of Disbursement
Contribution

011

Candidate Name

NITA M LOWEY

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		23		2012

Transaction ID : **SB23.4796**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. NITA M LOWEY

Mailing Address 188 EAST POST ROAD
SUITE 305

City WHITE PLAINS State NY Zip Code 10601

Purpose of Disbursement
Contribution

011

Candidate Name

NITA M LOWEY

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		22		2012

Transaction ID : **SB23.4830**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CAROLYN MCCARTHY

Mailing Address P.O. BOX 190

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
Contribution

011

Candidate Name

CAROLYN MCCARTHY

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		12		2012

Transaction ID : **SB23.4817**

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 DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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. CLAIRE MCCASKILL

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

CLAIRE MCCASKILL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 00

Date of Disbursement

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

Transaction ID : **SB23.4805**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. CAROL SHEA-PORTER

Mailing Address PO BOX 453

City ROCHESTER State NH Zip Code 03866

Purpose of Disbursement
Contribution

011

Candidate Name

CAROL SHEA-PORTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	2

Transaction ID : **SB23.4820**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. LOUISE M SLAUGHTER

Mailing Address 14 MANOR HILL DRIVE

City FAIRPORT State NY Zip Code 14450

Purpose of Disbursement
Contribution

011

Candidate Name

LOUISE M SLAUGHTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

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

Transaction ID : **SB23.4803**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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. LOUISE M SLAUGHTER

Mailing Address 14 MANOR HILL DRIVE

City FAIRPORT State NY Zip Code 14450

Purpose of Disbursement
Contribution

011

Candidate Name

LOUISE M SLAUGHTER

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 25

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2012

Transaction ID : **SB23.4827**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BETTY S SUTTON

Mailing Address 3825 ROYAL ROCK ROAD

City COPLEY State OH Zip Code 44321

Purpose of Disbursement
Contribution

011

Candidate Name

BETTY S SUTTON

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : **SB23.4828**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. NYDIA M. VELAZQUEZ

Mailing Address 315 INSPIRATION LANE

City GAITHERSBURG State MD Zip Code 20878

Purpose of Disbursement
Contribution

011

Candidate Name

NYDIA M. VELAZQUEZ

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

Transaction ID : **SB23.4831**

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

67500.00
