

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Tri-State Maxed-Out Women

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="62534.39"/>	<input type="text" value="62534.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62534.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="142266.84"/>	<input type="text" value="142266.84"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="204801.23"/>	<input type="text" value="204801.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="37154.45"/>	<input type="text" value="37154.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="167646.78"/>	<input type="text" value="167646.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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).....	142250.00	142250.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	142250.00	142250.00
(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)	142250.00	142250.00
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.).....	16.84	16.84
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))..... ▶	142266.84	142266.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	142266.84	142266.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	24654.45	24654.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	24654.45	24654.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
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	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	5000.00	5000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37154.45	37154.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37154.45	37154.45

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)	142250.00	142250.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	137250.00	137250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	24654.45	24654.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	24654.45	24654.45

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

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

FOR LINE NUMBER: PAGE 6 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Virginia Aaron

Mailing Address 45 Birchall Drive

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
Self Homemaker

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 / 24 / 2013
Transaction ID : SA11AI.5073

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Karen Adler

Mailing Address 115 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
The Adler Group Management 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
 01 / 02 / 2013
Transaction ID : SA11AI.5075

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Marlene E. Altman

Mailing Address 522 West End Ave.

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
No Employer No Occupation

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
 03 / 12 / 2013
Transaction ID : SA11AI.5076

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 62
	<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

A. Shirley Amdur
 Full Name (Last, First, Middle Initial)
 Mailing Address 983 Park Ave.
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer No Employer Occupation No Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 07 / 2013**
Transaction ID : SA11AI.5077
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. Esther Ann Asch
 Full Name (Last, First, Middle Initial)
 Mailing Address 525 E 86th St, Apt 3C
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer FECS Occupation Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : SA11AI.5078
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Roberta Ashkin
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 East 70th St #2205
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ashkin Law Firm Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2013**
Transaction ID : SA11AI.5079
 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 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Claudine Bacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Fifth Avenue
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Honoring Eleanor Roosevelt Occupation Founding Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00
 Date of Receipt 03 / 26 / 2013
Transaction ID : SA11AI.5080
 Amount of Each Receipt this Period 1500.00
 Contribution

B. Donna Bascom
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 West 81st St, Apt 13B
 City New York State NY Zip Code 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 11 / 2013
Transaction ID : SA11AI.5081
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Ellen Berenson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6135 East 48th St
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ellen Berenson Antiques & Fine Occupation Antique Dealer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 07 / 2013
Transaction ID : SA11AI.5083
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Stephanie Bernheim
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 71st St, Apt 6A
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Artist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 03 / 16 / 2013
Transaction ID : SA11AI.5084
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Madeline Blinder
 Full Name (Last, First, Middle Initial)
 Mailing Address 218 Cherry Hill Road
 City Princeton State NJ Zip Code 08540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer No Employer Occupation No Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00
 Date of Receipt 05 / 09 / 2013
Transaction ID : SA11AI.5085
 Amount of Each Receipt this Period 5000.00
 Contribution

C. Adele Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 535 Park. Ave.
 City New York State NY Zip Code 10065
 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 04 / 19 / 2013
Transaction ID : SA11AI.5086
 Amount of Each Receipt this Period 1000.00
 Contribution

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 10 OF 62
	<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	

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

A. Rebecca Borden
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 West 7th St, #1
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CBS Corporation Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 16 / 2013
Transaction ID : SA11AI.5087
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Noreen Buckfire
 Full Name (Last, First, Middle Initial)
 Mailing Address 1175 Park Ave. #13 - A
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer No Employer Occupation Housewife
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 12 / 2013
Transaction ID : SA11AI.5089
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Dale Cendali
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Old Road Ln.
 City Mt. Kisco State NY Zip Code 10549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kirkland & Ellis LLP Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 03 / 12 / 2013
Transaction ID : SA11AI.5090
 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 11 OF 62
	<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	

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

A. Ellen Chesler
Full Name (Last, First, Middle Initial)

Mailing Address 1 West 72nd St.

City New York State NY Zip Code 10023

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

Name of Employer Roosevelt Institute Occupation Senior Fellow

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 / 25 / 2013
Transaction ID : SA11AI.5092

Amount of Each Receipt this Period
1000.00

Contribution

B. Terri Childs
Full Name (Last, First, Middle Initial)

Mailing Address 117 East 57th St, Apt 42C

City New York State NY Zip Code 10022

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

Name of Employer Self employed Occupation Theater producer

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
 03 / 07 / 2013
Transaction ID : SA11AI.5093

Amount of Each Receipt this Period
1000.00

Contribution

C. 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
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2013
Transaction ID : SA11AI.5094

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 12 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Betsy Cohn

Mailing Address 1111 Park Avenue

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Retired Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 07 / 2013
Transaction ID : SA11AI.5095

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Joan Cohn

Mailing Address 10 West 66th St

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Self employed Psychotherapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2013
Transaction ID : SA11AI.5097

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Joan Cohn

Mailing Address 10 West 66th St

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Self employed Psychotherapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2013
Transaction ID : SA11AI.5099

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 13 OF 62
	<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

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

A. Eve Coulson
Full Name (Last, First, Middle Initial)

Mailing Address 291 Russel Road

City Princeton State NJ Zip Code 08540

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

Name of Employer Self employed Occupation Writer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2013
Transaction ID : SA11AI.5100

Amount of Each Receipt this Period 1000.00

Contribution

B. 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 Retired Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 02 / 2013
Transaction ID : SA11AI.5102

Amount of Each Receipt this Period 1000.00

Contribution

C. Abbey Darer
Full Name (Last, First, Middle Initial)

Mailing Address 1025 5th Ave. 9B

City New York State NY Zip Code 10028

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

Name of Employer Abbey Darer Interiors Occupation Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 08 / 2013
Transaction ID : SA11AI.5103

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 14 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Deborah Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Orchard Place
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self employed Occupation Art advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 08 / 2013**
Transaction ID : SA11AI.5104
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. Susan Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 147 East 19th St
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BRAC USA Occupation President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 24 / 2013**
Transaction ID : SA11AI.5106
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Joan Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Central Park West #5H
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation Political Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : SA11AI.5108
 Amount of Each Receipt this Period **250.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **2250.00**
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 62
	<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. Janet Denlinger		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 Transaction ID : SA11AI.5109
Mailing Address 1040 Arcadian Way		Amount of Each Receipt this Period 1000.00
City Fort Lee	State NJ	Zip Code 07024
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Matrix Biology Institute	Occupation Scientist	
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. Sara Dobbis		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 Transaction ID : SA11AI.5110
Mailing Address 330 East 79th St., 4E		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10075
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Self employed	Occupation Fundraiser	
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. Cynthia Drew		Date of Receipt MM / DD / YYYY 03 / 12 / 2013 Transaction ID : SA11AI.5112
Mailing Address 119 E. 84th St 8D		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10028
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer NYSE Euronext	Occupation Finance Director	
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 16 OF 62
<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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Jane Epstein		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : SA11AI.5113
Mailing Address 30 East 71st St.		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Abby Group	Occupation Developer	
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. Bobbie Falk		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : SA11AI.5114
Mailing Address 3 Willow Lane		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 Retired	Occupation Retired	
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. Lindsay Fasano		Date of Receipt MM / DD / YYYY 03 / 11 / 2013 Transaction ID : SA11AI.5115
Mailing Address 23-30 Newton Ave., #5AW		Amount of Each Receipt this Period 2000.00
City Astoria	State NY	Zip Code 11102
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Tech Intl Charter School	Occupation Teacher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 17 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Phylis Feder

Mailing Address 101 Central Park West

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Retired Retired Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Deborah Fennebresque

Mailing Address 800 PArk Ave.

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
No Employer Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : SA11AI.5119

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Jo Fine

Mailing Address 55 West 16th St

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
Harris, Rothenberg Intl Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 13 / 2013
Transaction ID : SA11AI.5120

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 18 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Barbara Fleischman
 Full Name (Last, First, Middle Initial)
 Mailing Address 870 United Nations Plaza, 37C
 City New York State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer No Employer Occupation No Occupation
 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
 03 / 12 / 2013
Transaction ID : SA11AI.5121
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. 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 No Employer 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
 01 / 02 / 2013
Transaction ID : SA11AI.5122
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Michele Francis
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 West 16th St, Apt 5
 City New York State NY Zip Code 10011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Francis Company Occupation Principal
 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
 01 / 31 / 2013
Transaction ID : SA11AI.5123
 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 19 OF 62
	<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	

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

A. Cynthia Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 535 Park Ave.
#14C

City New York State NY Zip Code 10065

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

Name of Employer Self Employed Occupation Private Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 08 / 2013
Transaction ID : SA11AI.5124

Amount of Each Receipt this Period
1000.00

Contribution

B. Fredrica Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 857 Fifth Avenue

City New York State NY Zip Code 10065

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

Name of Employer Fredrica S. Friedman Co Inc. Occupation Literary Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 23 / 2013
Transaction ID : SA11AI.5125

Amount of Each Receipt this Period
1000.00

Contribution

C. Karen Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 2 Dolma Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer No Employer Occupation Professional Volunteer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
03 / 13 / 2013
Transaction ID : SA11AI.5126

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 20 OF 62
(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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Marilyn Friedman		Date of Receipt 01 / 02 / 2013 Transaction ID : SA11AI.5127	
Mailing Address 895 Park Ave.		Amount of Each Receipt this Period 1000.00	
City New York	State NY	Zip Code 10075	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Self Employed	Occupation Design Historian	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gail Furman		Date of Receipt 03 / 12 / 2013 Transaction ID : SA11AI.5128	
Mailing Address 151 East 83rd St		Amount of Each Receipt this Period 1000.00	
City New York	State NY	Zip Code 10028	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Self employed	Occupation Psychologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Arlyn Gardner		Date of Receipt 03 / 07 / 2013 Transaction ID : SA11AI.5129	
Mailing Address 350 Grace Church Street		Amount of Each Receipt this Period 1000.00	
City Rye	State NY	Zip Code 10580	Contribution
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer Retired	Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 21 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Sunny Goldberg
Mailing Address 502 Orienta Ave.
City Mamaroneck State NY Zip Code 10543
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Volunteer
Receipt For: Primary General Other (specify) Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 18 / 2013
Transaction ID : SA11AI.5131
Amount of Each Receipt this Period 1000.00
Contribution

Full Name (Last, First, Middle Initial)
B. Donna Goldman
Mailing Address 360 Hamilton Ave.
City White Plains State NY Zip Code 10607
FEC ID number of contributing federal political committee. **C**
Name of Employer Oppenheimer Occupation Senior Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2013
Transaction ID : SA11AI.5133
Amount of Each Receipt this Period 1000.00
Contribution

Full Name (Last, First, Middle Initial)
c. Carole Hankin
Mailing Address 837 Dune Road
City Westhampton Beach State NY Zip Code 11978
FEC ID number of contributing federal political committee. **C**
Name of Employer SYosset Central School Dist. Occupation Superintendent of Schools
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2013
Transaction ID : SA11AI.5135
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 22 OF 62
	<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

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

A. Jane Harmon
Full Name (Last, First, Middle Initial)

Mailing Address 43 Kettle Creek Rd.

City Weston State CT Zip Code 06883

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

Name of Employer Jane Harmon Associates Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : SA11AI.5136

Amount of Each Receipt this Period
1000.00

Contribution

B. Catherine Heckett
Full Name (Last, First, Middle Initial)

Mailing Address 40 Hillman Road

City Woodstock State NY Zip Code 12498

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 ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2013
Transaction ID : SA11AI.5137

Amount of Each Receipt this Period
5000.00

Contribution

C. Elaine Heffner
Full Name (Last, First, Middle Initial)

Mailing Address 90 Riverside Drive Apt. 9A

City New York State NY Zip Code 10024

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

Name of Employer Self Employed Occupation Psychotherapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2013
Transaction ID : SA11AI.5139

Amount of Each Receipt this Period
1000.00

Contribution

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 23 OF 62
	<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	

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

A. Harriet Helfenbein
Full Name (Last, First, Middle Initial)

Mailing Address 25 Attitash St.

City Chappaqua State NY Zip Code 10514

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

Name of Employer Self employed Occupation Speech Pathologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 10 / 2013
Transaction ID : SA11AI.5140

Amount of Each Receipt this Period 1000.00

Contribution

B. Seema Hingorani
Full Name (Last, First, Middle Initial)

Mailing Address 4 Nutmeg Lane

City Darien State CT Zip Code 06820

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

Name of Employer Self Employed Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2013
Transaction ID : SA11AI.5141

Amount of Each Receipt this Period 1000.00

Contribution

C. Alice Hoffman
Full Name (Last, First, Middle Initial)

Mailing Address 445 East 80th St

City New York State NY Zip Code 10075

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

Name of Employer Starr Hoffman Occupation Interior Designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2013
Transaction ID : SA11AI.5142

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 24 OF 62
(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)
Tri-State Maxed-Out Women

A. Judith Hope
Full Name (Last, First, Middle Initial)
Mailing Address 9 Two Holes of Water
City E. Hampton State NY Zip Code 11937
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 03 / 13 / 2013
Transaction ID : SA11AI.5144
Amount of Each Receipt this Period 1000.00
Contribution

B. Idelle Howitt
Full Name (Last, First, Middle Initial)
Mailing Address 2 Sutton Place South
City New York State NY Zip Code 10022
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Attorney
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2013
Transaction ID : SA11AI.5145
Amount of Each Receipt this Period 1000.00
Contribution

C. Susan Jacobson
Full Name (Last, First, Middle Initial)
Mailing Address 812 Park Ave.
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2013
Transaction ID : SA11AI.5146
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 25 OF 62
	<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	

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

A. Suzi Jaffe
Full Name (Last, First, Middle Initial)

Mailing Address 784 Park Ave.
#5A

City New York State NY Zip Code 10021

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

Name of Employer SDJ Associates Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 12 / 2013
Transaction ID : SA11AI.5147

Amount of Each Receipt this Period
1000.00

Contribution

B. Sarah Kagan
Full Name (Last, First, Middle Initial)

Mailing Address 56 Brewster Road

City Scarsdale State NY Zip Code 10583

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

Name of Employer No Employer Occupation Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 13 / 2013
Transaction ID : SA11AI.5148

Amount of Each Receipt this Period
1000.00

Contribution

C. Karen Karpowich
Full Name (Last, First, Middle Initial)

Mailing Address 125 E 71st St

City New York State NY Zip Code 10021

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

Name of Employer MAI Occupation Non-profit Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 13 / 2013
Transaction ID : SA11AI.5149

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 26 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Melanie Katzman

Mailing Address 29 West 88th St

City State Zip Code
New York NY 10024

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

Name of Employer Occupation
Self employed Psychologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
 04 / 19 / 2013
Transaction ID : SA11AI.5150

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Susan Kaufmann

Mailing Address 1056 5th Ave., Apt 16C

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Self employed Artist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
 03 / 12 / 2013
Transaction ID : SA11AI.5153

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Patricia Kenner

Mailing Address 720 Park Ave.

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Campus Coach Line Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 / /
 03 / 12 / 2013
Transaction ID : SA11AI.5152

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 27 OF 62
	<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	

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

A. Morley Klausner
Full Name (Last, First, Middle Initial)

Mailing Address 245 7th Ave., Apt 4B

City New York State NY Zip Code 10001

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
03 / 07 / 2013
Transaction ID : SA11AI.5155

Amount of Each Receipt this Period
1000.00

Contribution

B. Isobel Konecky
Full Name (Last, First, Middle Initial)

Mailing Address 248 East 68th St.

City New York State NY Zip Code 10065

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
02 / 22 / 2013
Transaction ID : SA11AI.5156

Amount of Each Receipt this Period
1000.00

Contribution

C. Victor Kovner
Full Name (Last, First, Middle Initial)

Mailing Address 27 West 67th St

City New York State NY Zip Code 10023

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

Name of Employer Davis Wright Tremaine LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 02 / 2013
Transaction ID : SA11AI.5157

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 28 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Susan Kraus
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 East 80 th St
 City New York State NY Zip Code 10075
 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 M / D D D / Y Y Y Y Y Y
 03 / 07 / 2013
Transaction ID : SA11AI.5159
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Fern Kwiat
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Howard Drive
 City Muttontown State NY Zip Code 11791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Not employed Occupation Not employed
 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
 03 / 07 / 2013
Transaction ID : SA11AI.5160
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Jill Lafer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Fifth Avenue
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self 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
 03 / 12 / 2013
Transaction ID : SA11AI.5162
 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 29 OF 62
	<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
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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)
A. Joanne Lang

Mailing Address 445 Park Ave.

City New York State NY Zip Code 10022

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 M / D D D / Y Y Y Y Y Y
 03 / 11 / 2013
Transaction ID : SA11AI.5163

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Ruth Lapidus

Mailing Address 445 PArk Ave.

City New York State NY Zip Code 10022

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

Name of Employer No Employer Occupation Homemaker

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
 03 / 07 / 2013
Transaction ID : SA11AI.5164

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Naomi Lazarus

Mailing Address 8 East 83rd ST, 8F

City New York State NY Zip Code 10028

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

Name of Employer Information Requested Occupation Information Requested

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
 05 / 09 / 2013
Transaction ID : SA11AI.5165

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 30 OF 62
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	<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	

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

A. Susan Levkoff
Full Name (Last, First, Middle Initial)

Mailing Address 27 N Moore St, Apt 7A

City New York State NY Zip Code 10013

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

Name of Employer Self Employed Occupation Real Estate Broker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 07 / 2013
Transaction ID : SA11AI.5168

Amount of Each Receipt this Period 1000.00

Contribution

B. Linda Mandle
Full Name (Last, First, Middle Initial)

Mailing Address 22 East 88th St

City New York State NY Zip Code 10128

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

Name of Employer Information Requested Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2013
Transaction ID : SA11AI.5169

Amount of Each Receipt this Period 1000.00

Contribution

C. Joan Marks
Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave.

City New York State NY Zip Code 10022

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 03 / 13 / 2013
Transaction ID : SA11AI.5171

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 31 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Va Maughn
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 Park Ave.
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired Ballerina
 Receipt For: Primary General Other (specify)

Date of Receipt
 03 / 13 / 2013
Transaction ID : SA11AI.5172
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Juliet Melamid
 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 Self Employed Occupation Psychotherapist
 Receipt For: Primary General Other (specify)

Date of Receipt
 01 / 31 / 2013
Transaction ID : SA11AI.5173
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Joyce Menschel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1035 Fifth Avenue, 7B
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer No employer Occupation Homemaker
 Receipt For: Primary General Other (specify)

Date of Receipt
 03 / 12 / 2013
Transaction ID : SA11AI.5174
 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 32 OF 62
(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)
Tri-State Maxed-Out Women

A. Sally Minard
Full Name (Last, First, Middle Initial)
Mailing Address 133 East 62nd St
City New York State NY Zip Code 10065
FEC ID number of contributing federal political committee. **C**
Name of Employer Franklin D Roosevelt Freedoms Occupation President & CEO
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : SA11AI.5175
Amount of Each Receipt this Period **1000.00**
Contribution

B. Alice Netter
Full Name (Last, First, Middle Initial)
Mailing Address 888 Park Ave.
City New York State NY Zip Code 10075
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 **01 / 02 / 2013**
Transaction ID : SA11AI.5176
Amount of Each Receipt this Period **1000.00**
Contribution

C. Nancy Newman
Full Name (Last, First, Middle Initial)
Mailing Address 998 5th Avenue
City New York State NY Zip Code 10028
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Author, lecturer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : SA11AI.5177
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 33 OF 62
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Felicity Nitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 4645 Independence Ave.
 City Bronx State NY Zip Code 10471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer No Employer Occupation No Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : SA11AI.5179
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. Andrea Pastor
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 East 88th St, Aprt 5H
 City New York State NY Zip Code 10128
 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 **03 / 13 / 2013**
Transaction ID : SA11AI.5180
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Sharon Patrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 East 84th St. PH
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Patrick Partners Inc. Occupation CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 24 / 2013**
Transaction ID : SA11AI.5181
 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 34 OF 62
11a 11b 11c 12
13 14 15 16 17

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

A. Sharon Patrick
Full Name (Last, First, Middle Initial)
Mailing Address 119 East 84th St. PH
City New York State NY Zip Code 10028
FEC ID number of contributing federal political committee. C
Name of Employer Patrick Partners Inc. Occupation CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 5000.00
Date of Receipt 03 / 10 / 2013
Transaction ID : SA11AI.5182
Amount of Each Receipt this Period 4000.00
Contribution

B. Susan Patricof
Full Name (Last, First, Middle Initial)
Mailing Address 830 Park Ave. 11C
City New York State NY Zip Code 10021
FEC ID number of contributing federal political committee. C
Name of Employer No Employer Occupation No Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 04 / 02 / 2013
Transaction ID : SA11AI.5183
Amount of Each Receipt this Period 1000.00
Contribution

C. Kathleen Peratis
Full Name (Last, First, Middle Initial)
Mailing Address 3 Park Avenue, 29th Fl
City New York State NY Zip Code 10016
FEC ID number of contributing federal political committee. C
Name of Employer Outten Golden LLP Occupation Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00
Date of Receipt 01 / 24 / 2013
Transaction ID : SA11AI.5184
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional) 6000.00
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 62
<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)
Tri-State Maxed-Out Women

A. Vivian Polak
Full Name (Last, First, Middle Initial)
Mailing Address 31 West 16th St.
City New York State NY Zip Code 10024
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt 03 / 12 / 2013
Transaction ID : SA11AI.5186
Amount of Each Receipt this Period 2500.00
Contribution

B. Julie Ratner
Full Name (Last, First, Middle Initial)
Mailing Address 95 Ely Brook to Hands Cr. Rd.
City East Hampton State NY Zip Code 11937
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Employed Occupation Not for profit foundation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 02 / 2013
Transaction ID : SA11AI.5187
Amount of Each Receipt this Period 1000.00
Contribution

C. Judi Roaman
Full Name (Last, First, Middle Initial)
Mailing Address 450 West 17th St
City New York State NY Zip Code 10011
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Writer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 03 / 12 / 2013
Transaction ID : SA11AI.5188
Amount of Each Receipt this Period 1000.00
Contribution

SUBTOTAL of Receipts This Page (optional)..... 4500.00
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 36 OF 62
(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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)
A. Donna Rosen

Mailing Address **One Central Park West, 43A**

City New York	State NY	Zip Code 10023
------------------	-------------	-------------------

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
01	/	02	/	2013

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Laura Ross

Mailing Address **770 Park Avenue**

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer Self Employed	Occupation Attorney
-----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	02	/	2013

Transaction ID : SA11AI.5193

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Joan Rothman

Mailing Address **11 Mamaroneck Rd.**

City Scarsdale	State NY	Zip Code 10583
-------------------	-------------	-------------------

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
03	/	13	/	2013

Transaction ID : SA11AI.5194

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 37 OF 62
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cynthia Rothstein
Full Name (Last, First, Middle Initial)

Mailing Address 1050 Park Ave.

City New York State NY Zip Code 10028

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

Name of Employer Retired Occupation Retired Teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 13 / 2013
Transaction ID : SA11AI.5195

Amount of Each Receipt this Period
1000.00

Contribution

B. Susan Rubinstein
Full Name (Last, First, Middle Initial)

Mailing Address 435 East 52nd St.

City New York State NY Zip Code 10022

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

Name of Employer Self Employed Occupation Marketing Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 13 / 2013
Transaction ID : SA11AI.5196

Amount of Each Receipt this Period
1000.00

Contribution

C. Rachel Sagan
Full Name (Last, First, Middle Initial)

Mailing Address 69 Wagonwheel Road

City Sudbury State MA Zip Code 01776

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

Name of Employer Self employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 12 / 2013
Transaction ID : SA11AI.5197

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 38 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Beth Sapery
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 West 58th St
 City New York State NY Zip Code 10019
 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 04 / 09 / 2013
Transaction ID : SA11AI.5199
 Amount of Each Receipt this Period 1000.00
 Contribution

B. Rosita Sarnoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 180 West 58th St
 City New York State NY Zip Code 10019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stribling Occupation Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 09 / 2013
Transaction ID : SA11AI.5201
 Amount of Each Receipt this Period 1000.00
 Contribution

C. Reshma Saujani
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Avenue A #5C
 City New York State NY Zip Code 10009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer City of NY Occupation Dep. Public Advocate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2013
Transaction ID : SA11AI.5203
 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 39 OF 62
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Janice Schacter
Full Name (Last, First, Middle Initial)

Mailing Address 233 East 78th St

City New York State NY Zip Code 10028

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

Name of Employer Self Employed Occupation Human Rights Advocate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2013
Transaction ID : SA11AI.5167

Amount of Each Receipt this Period 1000.00

Contribution

B. Nadine Schramm
Full Name (Last, First, Middle Initial)

Mailing Address 160 E. 48th St. 15T

City New York State NY Zip Code 10017

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

Name of Employer Budd Enterprises Ltd. Occupation Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 21 / 2013
Transaction ID : SA11AI.5204

Amount of Each Receipt this Period 1000.00

Contribution

C. Ronnee Segal
Full Name (Last, First, Middle Initial)

Mailing Address 300 East 56th St

City New York State NY Zip Code 10022

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

Name of Employer Self employed Occupation Jewelry designer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 13 / 2013
Transaction ID : SA11AI.5205

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 40 OF 62
<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)
Tri-State Maxed-Out Women

A. Beatrice Seravello
Full Name (Last, First, Middle Initial)
Mailing Address 119 E 84th St, 9A

City New York	State NY	Zip Code 10028
------------------	-------------	-------------------

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

Name of Employer Blank Rome LLP	Occupation Chief Strategy Officer
------------------------------------	--------------------------------------

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
03	/	12	/	2013

Transaction ID : SA11AI.5207

Amount of Each Receipt this Period
1000.00

Contribution

B. Sybil Shainwald
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 Self Employed	Occupation Attorney
-----------------------------------	------------------------

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
03	/	21	/	2013

Transaction ID : SA11AI.5208

Amount of Each Receipt this Period
1000.00

Contribution

C. Geri Shapiro
Full Name (Last, First, Middle Initial)
Mailing Address 88 Highland Rd.

City Scarsdale	State NY	Zip Code 10583
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FEC ID number of contributing federal political committee. **C**

Name of Employer Senator Gillibrand's Office	Occupation Senate Staff
---	----------------------------

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	/	2013

Transaction ID : SA11AI.5209

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 41 OF 62
	<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	

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

Full Name (Last, First, Middle Initial) A. Iris Shokoff		Date of Receipt MM / DD / YYYY 03 / 23 / 2013 Transaction ID : SA11AI.5210
Mailing Address 200 East 57th St Apt 6K		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 ISA Advertising	Occupation Advertising Executive	
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. Kathleen Sloane		Date of Receipt MM / DD / YYYY 02 / 13 / 2013 Transaction ID : SA11AI.5211
Mailing Address 952 Fifth Avenue		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Brown Harris & Stevens	Occupation Real Estate	
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. Jill Smith		Date of Receipt MM / DD / YYYY 03 / 13 / 2013 Transaction ID : SA11AI.5213
Mailing Address 73 Wooster St.		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10012
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self Employed	Occupation Lawyer	
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 42 OF 62
	<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	

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

A. Victoria Lea Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1160 Park Ave.
#10D

City New York State NY Zip Code 10021

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
04 / 02 / 2013
Transaction ID : SA11AI.5214

Amount of Each Receipt this Period
1000.00

Contribution

B. Ellen Sosnow
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 Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 10 / 2013
Transaction ID : SA11AI.5215

Amount of Each Receipt this Period
1000.00

Contribution

C. Donna Stanton
Full Name (Last, First, Middle Initial)

Mailing Address 112 East 74th St

City New York State NY Zip Code 10021

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 16 / 2013
Transaction ID : SA11AI.5217

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 43 OF 62
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Harriet Stein

Mailing Address 142 East 71st St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Metropolitan Museum of Art Docent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2013
Transaction ID : SA11AI.5219

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
B. Gloria Steinem

Mailing Address 118 East 73rd St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Self employed Writer, speaker, organizer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2013
Transaction ID : SA11AI.5221

Amount of Each Receipt this Period
1000.00

Contribution

Full Name (Last, First, Middle Initial)
C. Susie Stern

Mailing Address 39 Park Road

City State Zip Code
Scarsdale NY 10583

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

Name of Employer Occupation
No Employer No Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 13 / 2013
Transaction ID : SA11AI.5223

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 44 OF 62
	<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	

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

A. Cecile Sutherland
Full Name (Last, First, Middle Initial)

Mailing Address 356 Bloomfield Ave.
Suite 4

City Montclair State NJ Zip Code 07042

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

Name of Employer Cedas Home Care Services Occupation Founder & President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
03 / 10 / 2013
Transaction ID : SA11AI.5224

Amount of Each Receipt this Period
1000.00

Contribution

B. Rica Tarnoff
Full Name (Last, First, Middle Initial)

Mailing Address 150 East 69th St, Apt 3R

City New York State NY Zip Code 10021

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
02 / 22 / 2013
Transaction ID : SA11AI.5225

Amount of Each Receipt this Period
1000.00

Contribution

C. Aimee Telsey
Full Name (Last, First, Middle Initial)

Mailing Address 601 W. 113th St.
#12A

City New York State NY Zip Code 10025

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

Name of Employer Beth Israel Medical Ctr. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
01 / 31 / 2013
Transaction ID : SA11AI.5226

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 45 OF 62
<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)
Tri-State Maxed-Out Women

A. Fern Tessler
Full Name (Last, First, Middle Initial)
Mailing Address 130 East End Ave.
City New York State NY Zip Code 10028
FEC ID number of contributing federal political committee. **C**
Name of Employer No Employer Occupation No Occupation
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 12 / 2013**
Transaction ID : SA11AI.5227
Amount of Each Receipt this Period **1000.00**
Contribution

B. Susan Thomases
Full Name (Last, First, Middle Initial)
Mailing Address 929 Park Ave.
City New York State NY Zip Code 10028
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 **03 / 08 / 2013**
Transaction ID : SA11AI.5228
Amount of Each Receipt this Period **1000.00**
Contribution

C. Laura Trop
Full Name (Last, First, Middle Initial)
Mailing Address 136 Highwood Ave.
City Tenafly State NJ Zip Code 07670
FEC ID number of contributing federal political committee. **C**
Name of Employer Deutsche Bank Occupation Banker
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : SA11AI.5229
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 46 OF 62
<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)
Tri-State Maxed-Out Women

A. Karen Ubelhart
Full Name (Last, First, Middle Initial)

Mailing Address 800 West End Ave., Apt 7A

City New York State NY Zip Code 10025

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

Name of Employer Bloomberg LP Occupation Financial Analyst

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2013
Transaction ID : SA11AI.5231

Amount of Each Receipt this Period 1000.00

Contribution

B. Meryl Unger
Full Name (Last, First, Middle Initial)

Mailing Address 240 East 39th St. Apt 48H

City New York State NY Zip Code 10016

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

Name of Employer Katsy Korins Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2013
Transaction ID : SA11AI.5232

Amount of Each Receipt this Period 1000.00

Contribution

C. Ann Unterberg
Full Name (Last, First, Middle Initial)

Mailing Address 49 East 67th St

City New York State NY Zip Code 10065

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

Name of Employer No Employer Occupation No Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 27 / 2013
Transaction ID : SA11AI.5233

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 47 OF 62
	<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

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

A. Joanna Weber
Full Name (Last, First, Middle Initial)
Mailing Address 1965 Broadway, 29E
City New York State NY Zip Code 10023
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Psychotherapist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : SA11AI.5234
Amount of Each Receipt this Period **1000.00**
Contribution

B. JoAnn Wellner
Full Name (Last, First, Middle Initial)
Mailing Address 1065 Seahaven Dr
City Mamaroneck State NY Zip Code 10543
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Attorney; Real estae executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 02 / 2013**
Transaction ID : SA11AI.5236
Amount of Each Receipt this Period **1000.00**
Contribution

C. Constance Williams
Full Name (Last, First, Middle Initial)
Mailing Address 307 Brentford Road
City Haveford State PA Zip Code 19041
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 **01 / 16 / 2013**
Transaction ID : SA11AI.5237
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 48 OF 62
<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)
Tri-State Maxed-Out Women

A. Joanne Witty
Full Name (Last, First, Middle Initial)
Mailing Address 77 Cloumbia Heights
City Brooklyn State NY Zip Code 11201
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Lawyer/ civic volunteer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : SA11AI.5239
Amount of Each Receipt this Period **1000.00**
Contribution

B. Ann Yerman
Full Name (Last, First, Middle Initial)
Mailing Address 31 Sheridan Road
City Scarsdale State NY Zip Code 10685
FEC ID number of contributing federal political committee. **C**
Name of Employer Self employed Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 13 / 2013**
Transaction ID : SA11AI.5240
Amount of Each Receipt this Period **1000.00**
Contribution

C. Lois Zenkel
Full Name (Last, First, Middle Initial)
Mailing Address 46 Burking Hill Road
City Greenwich State CT Zip Code 06831
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A Occupation Retired Photographer
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 02 / 2013**
Transaction ID : SA11AI.5241
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).....	142250.00

**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

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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
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5275

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
Credit Card Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5278

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
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5286

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

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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
Credit Card Fee

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5288

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
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5273

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
Credit Card Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5285

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

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

Full Name (Last, First, Middle Initial)

A. Gilbert & Wolfand PC

Mailing Address 2201 Wisconsin Ave NW # 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Accounting Services

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 08 / 2013

Transaction ID : SB21B.5264

Amount of Each Disbursement this Period

2272.75

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2013

Transaction ID : SB21B.5248

Amount of Each Disbursement this Period

400.00

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

M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SB21B.5262

Amount of Each Disbursement this Period

400.00

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

3072.75

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

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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
Event Supplies

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5266

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5269

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

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5276

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

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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.5281

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Regus Office Solutions

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Administration Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5257

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
Event Supplies and administration

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5265

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

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

Full Name (Last, First, Middle Initial)

A. Regus Office Solutions

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

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.5274

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.5256

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 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.5258

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

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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

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 22 / 2013

Transaction ID : SB21B.5259

Amount of Each Disbursement this Period

225.00

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

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2013

Transaction ID : SB21B.5282

Amount of Each Disbursement this Period

225.00

Full Name (Last, First, Middle Initial)

C. James Stanton

Mailing Address 235 East 22nd St.
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement
Graphic Design

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2013

Transaction ID : SB21B.5283

Amount of Each Disbursement this Period

225.00

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

675.00

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

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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.5244

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.5245

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.5251

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

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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.5253

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.5261

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.5260

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

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

Full Name (Last, First, Middle Initial) A. Marcia Dickstein Sudolsky		Date of Disbursement MM / DD / YYYY 03 / 29 / 2013
Mailing Address 445 Park Avenue 9th Floor		Transaction ID : SB21B.5271
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Consulting Services	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Marcia Dickstein Sudolsky		Date of Disbursement MM / DD / YYYY 03 / 29 / 2013
Mailing Address 445 Park Avenue 9th Floor		Transaction ID : SB21B.5272
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Office Fee	Amount of Each Disbursement this Period 200.00
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Marcia Dickstein Sudolsky		Date of Disbursement MM / DD / YYYY 04 / 16 / 2013
Mailing Address 445 Park Avenue 9th Floor		Transaction ID : SB21B.5279
City New York	State NY	
Zip Code 10022	Purpose of Disbursement Consulting Services	Amount of Each Disbursement this Period 2000.00
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3200.00
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

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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
Supplies

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5280

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
Consulting Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5284

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Tuscany Caterers

Mailing Address 61 West 55th St, #1

City New York State NY Zip Code 10019

Purpose of Disbursement
Catering Services

001
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5268

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

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

Full Name (Last, First, Middle Initial)

A. Tuscany Caterers

Mailing Address 61 West 55th St, #1

City State Zip Code
New York NY 10019

Purpose of Disbursement
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.5287

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

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

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

Full Name (Last, First, Middle Initial)

A. ELIZABETH COLBERT BUSCH

Mailing Address 652 GATE POST DRIVE

City MOUNT PLEASANT State SC Zip Code 29464

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: SC District: 01

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special-General

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SB23.5292

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DUCKWORTH FOR CONGRESS

Mailing Address P.O. BOX 8867

City ROLLING MEADOWS State IL Zip Code 60008

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SB23.5291

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ELIZABETH ESTY

Mailing Address 213 PRESTON TER

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: CT District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 10 / 2013

Transaction ID : SB23.5294

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)..... ▶

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Madeline Blinder

Mailing Address 218 Cherry Hill Road

City Princeton State NJ Zip Code 08540

Purpose of Disbursement
Contribution Refund

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : SB28A.5290

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

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

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

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

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

Amount of Each Disbursement this Period

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

5000.00

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

5000.00