

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**
Tri-State Maxed-Out Women

ADDRESS (number and street) **910 17th St NW Ste 925**
 Check if different than previously reported. (ACC) **Washington DC 20006**

2. **FEC IDENTIFICATION NUMBER** **C00488387** 3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Dickstein Sudolsky, Marcia, , ,**

Signature of Treasurer **Dickstein Sudolsky, Marcia, , ,** Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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="2023"/>		<input type="text" value="66618.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="207305.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21545.19"/>	<input type="text" value="470803.48"/>
(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="228850.28"/>	<input type="text" value="537422.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="86008.46"/>	<input type="text" value="394580.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="142841.82"/>	<input type="text" value="142841.82"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

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).....	20030.00	337221.60
(ii) Unitemized	15.00	730.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20045.00	337951.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	500.00	1700.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20545.00	339651.60
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	75.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1000.19	130076.88
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)).....▶	21545.19	470803.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21545.19	470803.48

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	18202.86	122977.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	18202.86	122977.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	177250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	1200.00	13600.00
(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)).....	1200.00	13600.00
29. Other Disbursements (Including Non-Federal Donations).....	12605.60	80753.01
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	86008.46	394580.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	86008.46	394580.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	20545.00	339651.60
34. Total Contribution Refunds (from Line 28(d))	1200.00	13600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19345.00	326051.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	18202.86	122977.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	75.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18202.86	122902.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Benjamin, Nicole, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1085 Warburton Ave
 Apt 318
 City Yonkers State NY Zip Code 10701-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Arc Westchester Occupation (for Individual) Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 12 / 2023**
Transaction ID : 4717166
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 18345.00

Date of Receipt **09 / 18 / 2023**
Transaction ID : 4717166E
 Amount of Each Receipt this Period 250.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Bergman, Marion, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 845 United Nations Plz
 Apt 87A
 City New York State NY Zip Code 10017-3539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 08 / 2023**
Transaction ID : 4713023
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
09 / 11 / 2023

Transaction ID : 4713023E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Braufman, Jill, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9111 Collins Ave
NPH3

City Surfside	State FL	Zip Code 33154-3166
------------------	-------------	------------------------

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

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
09 / 05 / 2023

Transaction ID : 4713018

Amount of Each Receipt this Period
2000.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
09 / 11 / 2023

Transaction ID : 4713018E

Amount of Each Receipt this Period
2000.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 8 OF 48
	<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. Cotton, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 The Crossing At Blind Brk
 City Purchase State NY Zip Code 10577-2210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mound Cotton Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 11 / 2023
Transaction ID : 4717161
 Amount of Each Receipt this Period 2500.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 18345.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 4717161E
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Dean, Joan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 Central Park W Apt 5H
 City New York State NY Zip Code 10023-7207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2023
Transaction ID : 4713021
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
MM / DD / YYYY
09 / 11 / 2023
Transaction ID : 4713021E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Dickstein Sudolsky, Marcia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 445 Park Ave

City New York	State NY	Zip Code 10022-2606
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)
TSMOW Fundraiser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1101.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2023
Transaction ID : 4717175

Amount of Each Receipt this Period
100.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual)
Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
MM / DD / YYYY
09 / 25 / 2023
Transaction ID : 4717175E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Faulkenberg, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 Oak Ln
 City Scarsdale State NY Zip Code 10583-1626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Decorator
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 11 / 2023**
Transaction ID : 4713025
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 18345.00

Date of Receipt **09 / 18 / 2023**
Transaction ID : 4713025E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Fuld, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 E 72Nd St
 City New York State NY Zip Code 10021-4245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Interior Designer
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 500.00

Date of Receipt **09 / 08 / 2023**
Transaction ID : 4713022
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 48
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: (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

A. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146
City West Somerville State MA Zip Code 02144-0031
FEC ID number of contributing federal political committee. C C00401224
Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 18345.00

Date of Receipt 09 / 11 / 2023
Transaction ID : 4713022E
Amount of Each Receipt this Period 500.00
Memo Item
Note: Above Contribution earmarked through this organization.

B. Goldberg, Sunny, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 502 Orienta Ave
City Mamaroneck State NY Zip Code 10543-4317
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Occupation (for Individual) Not Employed Not Employed
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 3650.00

Date of Receipt 09 / 05 / 2023
Transaction ID : 4713017
Amount of Each Receipt this Period 150.00
Memo Item
* Earmarked Contribution: See Below

C. ACTBLUE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 441146
City West Somerville State MA Zip Code 02144-0031
FEC ID number of contributing federal political committee. C C00401224
Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 18345.00

Date of Receipt 09 / 11 / 2023
Transaction ID : 4713017E
Amount of Each Receipt this Period 150.00
Memo Item
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... 150.00
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 12 OF 48
	<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. Johnson, Joyce S., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 W 96Th St
Apt 16G

City New York State NY Zip Code 10025-6537

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

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 03 / 2023

Transaction ID : 4713016

Amount of Each Receipt this Period
50.00

Memo Item

* Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 05 / 2023

Transaction ID : 4713016E

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Katz, Stefanie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19111 Collins Ave
Apt 2202

City Sunny Isles Beach State FL Zip Code 33160-2383

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

Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 11 / 2023

Transaction ID : 4713024

Amount of Each Receipt this Period
1500.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 18345.00

Date of Receipt 09 / 18 / 2023

Transaction ID : 4713024E

Amount of Each Receipt this Period 1500.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Natkins, Sarah, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Greene Ave

City Brooklyn State NY Zip Code 11238-1232

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

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Self Employed PR Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2023

Transaction ID : 4717162

Amount of Each Receipt this Period 500.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 18345.00

Date of Receipt 09 / 18 / 2023

Transaction ID : 4717162E

Amount of Each Receipt this Period 500.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Patterson, Sarah, , ,		Date of Receipt MM / DD / YYYY 09 / 15 / 2023
Mailing Address 33 Rocky Brook Rd		Transaction ID : 4717170
City Cold Spring	State NY	Zip Code 10516-4321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. ACTBLUE		Date of Receipt MM / DD / YYYY 09 / 18 / 2023
Mailing Address PO Box 441146		Transaction ID : 4717170E
City West Somerville	State MA	Zip Code 02144-0031
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18345.00	Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Ratner, Julie, , ,		Date of Receipt MM / DD / YYYY 09 / 07 / 2023
Mailing Address 95 Ely Brook To Hands CR Rd		Transaction ID : 4724890
City East Hampton	State NY	Zip Code 11937-3707
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1700.00
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1700.00	

SUBTOTAL of Receipts This Page (optional).....	2700.00
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 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Rothstein, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Park Ave
 City New York State NY Zip Code 10028-1031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1380.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 4717168
 Amount of Each Receipt this Period 180.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 18345.00

Date of Receipt 09 / 18 / 2023
Transaction ID : 4717168E
 Amount of Each Receipt this Period 180.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Saril, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5212 Estates Dr
 City Delray Beach State FL Zip Code 33445-4385
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 12 / 2023
Transaction ID : 4726793
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1180.00
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 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Scharfman, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Washington St
 City Brooklyn State NY Zip Code 11201-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Mental Health Counselor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 01 / 2023**
Transaction ID : 4713015
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

B. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 18345.00

Date of Receipt **09 / 05 / 2023**
Transaction ID : 4713015E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Scharfman, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 Washington St
 City Brooklyn State NY Zip Code 11201-1442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Mental Health Counselor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2200.00

Date of Receipt **09 / 14 / 2023**
Transaction ID : 4717169
 Amount of Each Receipt this Period 1200.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 17 OF 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2023

Transaction ID : 4717169E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Shainwald, Sybil, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15 Central Park W

City New York	State NY	Zip Code 10023-7708
------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Attorney
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2023

Transaction ID : 4717165

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2023

Transaction ID : 4717165E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 18 OF 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Sosnow, Ellen, , ,

Mailing Address 445 Park Ave
FI 9

City New York State NY Zip Code 10022-8606

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

Name of Employer (for Individual) Ellen Sosnow Interiors Occupation (for Individual) Interior Design

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 06 / 2023
Transaction ID : 4713019

Amount of Each Receipt this Period 500.00

Memo Item

* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ACTBLUE

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 18345.00

Date of Receipt 09 / 11 / 2023
Transaction ID : 4713019E

Amount of Each Receipt this Period 500.00

Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Zaccaro, Donna, , ,

Mailing Address 79 Second Hill Rd

City Bridgewater State CT Zip Code 06752-1016

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

Name of Employer (for Individual) Dazzling Media LLC Occupation (for Individual) Documentary Filmmaker

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 22 / 2023
Transaction ID : 4717172

Amount of Each Receipt this Period 1200.00

Memo Item

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00

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 48
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2023

Transaction ID : 4717172E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Zaccaro, Donna, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 79 Second Hill Rd

City Bridgewater	State CT	Zip Code 06752-1016
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Dazzling Media LLC	Occupation (for Individual) Documentary Filmmaker
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2023

Transaction ID : 4717174

Amount of Each Receipt this Period
1200.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
18345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2023

Transaction ID : 4717174E

Amount of Each Receipt this Period
1200.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL This Period (last page this line number only).....▶	20030.00

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 48
(check only one)

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

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

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

A. Mimi Rocah For District Attorney
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Berwick Rd

City Scarsdale	State NY	Zip Code 10583-2307
-------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	07	/	2023

Transaction ID : 4726792

Amount of Each Receipt this Period
500.00

Memo Item

Permissible Funds Confirmed

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

**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 21 OF 48
	<input 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 checked="" type="checkbox"/> 17	

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jaffe, Suzanne, , ,

Mailing Address 784 Park Ave

City New York	State NY	Zip Code 10021-3553
------------------	-------------	------------------------

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

Name of Employer (for Individual) S.D.J. Associates	Occupation (for Individual) 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
 09 / 17 / 2023
Transaction ID : 4717159

Amount of Each Receipt this Period
1000.00

Memo Item

* Earmarked Contribution: See Below Non Contribution Account

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ACTBLUE

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18345.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 18 / 2023
Transaction ID : 4717159E

Amount of Each Receipt this Period
1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
PAC Credit Card Processing Fee

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	2	3

FEC Identification Number

C C00401224

Transaction ID : 500137555

Amount of Each Disbursement this Period

41.48

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
PAC Credit Card Processing Fee

Candidate Name

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:

Date of Disbursement

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

FEC Identification Number

C C00401224

Transaction ID : 500137556

Amount of Each Disbursement this Period

183.68

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
PAC Credit Card Processing Fee

Candidate Name

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:

Date of Disbursement

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

FEC Identification Number

C C00401224

Transaction ID : 500137557

Amount of Each Disbursement this Period

360.64

Memo Item

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

585.80

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Curb Mobility LLC

Mailing Address 1111 34Th Ave

City
Long Island City

State
NY

Zip Code
11106-4923

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 06 / 2023

FEC Identification Number

C

Transaction ID : 500137566

Amount of Each Disbursement this Period

22.32

Memo Item

Full Name (Last, First, Middle Initial)

B. Curb Mobility LLC

Mailing Address 1111 34Th Ave

City
Long Island City

State
NY

Zip Code
11106-4923

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 11 / 2023

FEC Identification Number

C

Transaction ID : 500137567

Amount of Each Disbursement this Period

30.62

Memo Item

Full Name (Last, First, Middle Initial)

C. Curb Mobility LLC

Mailing Address 1111 34Th Ave

City
Long Island City

State
NY

Zip Code
11106-4923

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 28 / 2023

FEC Identification Number

C

Transaction ID : 500137568

Amount of Each Disbursement this Period

13.60

Memo Item

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

66.54

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A. Dickstein Sudolsky, Marcia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement
PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 11 / 2023

FEC Identification Number: C
Transaction ID : 500137669

Amount of Each Disbursement this Period: 75.00

Memo Item

B. Sudolsky, Brian, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 131 E 93Rd St Apt 1CD

City New York State NY Zip Code 10128-1606

Purpose of Disbursement
PAC Event Staffing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 11 / 2023

FEC Identification Number: C
Transaction ID : 500137670

Amount of Each Disbursement this Period: 75.00

Memo Item *

C. Dickstein Sudolsky, Marcia, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Ave

City New York State NY Zip Code 10022-2606

Purpose of Disbursement
PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 13 / 2023

FEC Identification Number: C
Transaction ID : 500137650

Amount of Each Disbursement this Period: 293.76

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 368.76

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

A. Howe, Nora, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
09 / 22 / 2023

Mailing Address: 113 Mott St
Apt 4R

City: New York State: NY Zip Code: 10013-4634

Purpose of Disbursement: PAC Administrative Services

Candidate Name: []

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: []

FEC Identification Number: C []
Transaction ID : 500137623
Amount of Each Disbursement this Period: [] 241.88

Memo Item

B. Le Pain Quotidien

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
09 / 07 / 2023

Mailing Address: 922 7Th Ave

City: New York State: NY Zip Code: 10019-1555

Purpose of Disbursement: PAC Meeting Expense

Candidate Name: []

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: []

FEC Identification Number: C []
Transaction ID : 500137615
Amount of Each Disbursement this Period: [] 105.67

Memo Item

C. Lee Morea, David, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2023

Mailing Address: 339 E 94Th St
Apt 6C

City: New York State: NY Zip Code: 10128-4720

Purpose of Disbursement: PAC Event Staffing

Candidate Name: []

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District: []

FEC Identification Number: C []
Transaction ID : 500137569
Amount of Each Disbursement this Period: [] 375.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ [] 722.55

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)

Form for line numbers 21b through 30b with checkboxes.

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

Form A: Lotos Club. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: NYC Taxi. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: NYC Taxi. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) and 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. NYC Taxi

Mailing Address 33 Beaver St

City
New York

State
NY

Zip Code
10004-2736

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2023

FEC Identification Number

C

Transaction ID : 500137626

Amount of Each Disbursement this Period

74.35

Memo Item

Full Name (Last, First, Middle Initial)

B. NYC Taxi

Mailing Address 33 Beaver St

City
New York

State
NY

Zip Code
10004-2736

Purpose of Disbursement

PAC Travel Expense

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2023

FEC Identification Number

C

Transaction ID : 500137627

Amount of Each Disbursement this Period

13.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Office Solutions

Mailing Address 445 Park Ave
FI 9

City
New York

State
NY

Zip Code
10022-8606

Purpose of Disbursement

PAC Conference Room Rental

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2023

FEC Identification Number

C

Transaction ID : 500138064

Amount of Each Disbursement this Period

242.28

Memo Item

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

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

329.63

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Richard Salome Flowers, Inc

Mailing Address 1435 Lexington Ave

City
New York

State
NY

Zip Code
10128-1625

Purpose of Disbursement
PAC Fundraising Event Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2023

FEC Identification Number

C []

Transaction ID : 500137629

Amount of Each Disbursement this Period

[] 1314.67

Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Salome Flowers, Inc

Mailing Address 1435 Lexington Ave

City
New York

State
NY

Zip Code
10128-1625

Purpose of Disbursement
PAC Fundraising Event Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 14 / 2023

FEC Identification Number

C []

Transaction ID : 500137630

Amount of Each Disbursement this Period

[] 1042.47

Memo Item

Full Name (Last, First, Middle Initial)

C. Seamless.Com

Mailing Address 111 W Washington St
Ste 2100

City
Chicago

State
IL

Zip Code
60602-2783

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2023

FEC Identification Number

C []

Transaction ID : 500137632

Amount of Each Disbursement this Period

[] 56.27

Memo Item

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

[] 2413.41

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: Seamless.Com. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Stanton, James, , . Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Staples. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 418.41
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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

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
0	9			2	7			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500137644

Amount of Each Disbursement this Period

82.65

Memo Item

Full Name (Last, First, Middle Initial)

B. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

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
0	9			2	8			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500137645

Amount of Each Disbursement this Period

54.62

Memo Item

Full Name (Last, First, Middle Initial)

C. Uber

Mailing Address 455 Market St

City
San Francisco

State
CA

Zip Code
94105-2420

Purpose of Disbursement

PAC Travel Expense

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
0	9			2	9			2	0	2	3		

FEC Identification Number

C

Transaction ID : 500137646

Amount of Each Disbursement this Period

82.12

Memo Item

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

219.39

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

17647.41

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)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: Brittany Pettersen For Colorado. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: CARAVEO FOR CONGRESS. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: DEBBIE FOR FLORIDA. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 10000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2023

Mailing Address 1071 Twin Branch Ln

FEC Identification Number

C	C00385773
---	-----------

Transaction ID : 500137571

Amount of Each Disbursement this Period

500.00

Memo Item

City
Weston

State
FL

Zip Code
33326-2828

Purpose of Disbursement

Contribution

Candidate Name

Wasserman Schultz, Debbie, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 23

Full Name (Last, First, Middle Initial)

B. Elissa Slotkin For Michigan

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2023

Mailing Address PO Box 4145

FEC Identification Number

C	C00834218
---	-----------

Transaction ID : 500137575

Amount of Each Disbursement this Period

4000.00

Memo Item

City
East Lansing

State
MI

Zip Code
48826-4145

Purpose of Disbursement

Contribution

Candidate Name

Slotkin, Elissa, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: MI District: 00

Full Name (Last, First, Middle Initial)

C. ELIZABETH PANNILL FLETCHER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2023

Mailing Address 3262 Westheimer Rd
636

FEC Identification Number

C	C00640045
---	-----------

Transaction ID : 500137576

Amount of Each Disbursement this Period

2500.00

Memo Item

City
Houston

State
TX

Zip Code
77098-1002

Purpose of Disbursement

Contribution

Candidate Name

FLETCHER, ELIZABETH, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District: 07

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

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

7000.00

--

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: ENGEL FOR ARIZONA. Includes fields for Full Name, Mailing Address, City (Tucson), State (AZ), Zip Code (85717-0721), Purpose of Disbursement (Contribution), Candidate Name (ENGEL, KIRSTEN), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (2500.00).

Form B: Friends Of Jahana Hayes. Includes fields for Full Name, Mailing Address, City (Waterbury), State (CT), Zip Code (06721-1487), Purpose of Disbursement (Contribution), Candidate Name (HAYES, JAHANA), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

Form C: FRIENDS OF LUCY MCBATH INC. Includes fields for Full Name, Mailing Address (1860 Sandy Plains Rd, Ste Pm 204), City (Marietta), State (GA), Zip Code (30066-7839), Purpose of Disbursement (Contribution), Candidate Name (MCBATH, LUCIA, MS.), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (2500.00).

SUBTOTAL of Disbursements This Page (optional) 10000.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LUCY MCBATH INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

Mailing Address 1860 Sandy Plains Rd
Ste Pm 204

FEC Identification Number

C	C00672295
---	-----------

Transaction ID : 500137581

Amount of Each Disbursement this Period

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

Memo Item

City Marietta State GA Zip Code 30066-7839

Purpose of Disbursement

Contribution

Candidate Name

MCBATH, LUCIA, MS., ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: GA District: 06

Full Name (Last, First, Middle Initial)

B. JEFFRIES FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

Mailing Address PO Box 65322

FEC Identification Number

C	C00503052
---	-----------

Transaction ID : 500137585

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item

City Washington State DC Zip Code 20035-5322

Purpose of Disbursement

Contribution

Candidate Name

JEFFRIES, HAKEEM, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: NY District: 08

Full Name (Last, First, Middle Initial)

C. JOANNA WEISS FOR CONGRESS

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

Mailing Address PO Box 3122

FEC Identification Number

C	C00832584
---	-----------

Transaction ID : 500137594

Amount of Each Disbursement this Period

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

Memo Item

City Costa Mesa State CA Zip Code 92628-3122

Purpose of Disbursement

Contribution

Candidate Name

WEISS, JOANNA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 47

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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

Form A: KAPTUR FOR CONGRESS. Includes fields for Full Name, Mailing Address, City (Toledo), State (OH), Zip Code (43697-0899), Purpose of Disbursement (Contribution), Candidate Name (KAPTUR, MARCY, . . .), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (2500.00).

Form B: KATHY MANNING FOR CONGRESS. Includes fields for Full Name, Mailing Address, City (Greensboro), State (NC), Zip Code (27404-1197), Purpose of Disbursement (Contribution), Candidate Name (MANNING, KATHY, . . .), Office Sought (House), Disbursement For (2024), and Amount of Each Disbursement (2500.00).

Form C: LISA BLUNT ROCHESTER FOR SENATE. Includes fields for Full Name, Mailing Address, City (Wilmington), State (DE), Zip Code (19809-0767), Purpose of Disbursement (Contribution), Candidate Name (BLUNT ROCHESTER, LISA, . . .), Office Sought (Senate), Disbursement For (2024), and Amount of Each Disbursement (5000.00).

SUBTOTAL of Disbursements This Page (optional) 10000.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. LOIS FRANKEL FOR CONGRESS

Mailing Address PO Box 812421

City
Boca Raton

State
FL

Zip Code
33481-2421

Purpose of Disbursement

Contribution

Candidate Name

FRANKEL, LOIS, J.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

FEC Identification Number

C C00494856

Transaction ID : 500137617

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

B. Monica Tranel For Montana

Mailing Address PO Box 9384

City
Missoula

State
MT

Zip Code
59807-9384

Purpose of Disbursement

Contribution

Candidate Name

TRANEL, MONICA, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: MT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

FEC Identification Number

C C00783696

Transaction ID : 500137618

Amount of Each Disbursement this Period

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

Memo Item

Full Name (Last, First, Middle Initial)

C. Nikki For Congress

Mailing Address PO Box 5171

City
Springfield

State
IL

Zip Code
62705-5171

Purpose of Disbursement

Contribution

Candidate Name

BUDZINSKI, NIKKI, ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	2	3

FEC Identification Number

C C00787812

Transaction ID : 500137671

Amount of Each Disbursement this Period

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

Memo Item

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

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

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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. SARA JACOBS FOR CONGRESS

Date of Disbursement

Date selection grid showing 09/27/2023

Mailing Address PO Box 231801

City Encinitas, State CA, Zip Code 92023-1801

FEC Identification Number

FEC ID grid showing C00660837

Transaction ID : 500137631

Amount of Each Disbursement this Period

Amount grid showing 1000.00

Memo Item checkbox

Purpose of Disbursement

Contribution

Category/Type grid

Candidate Name

JACOBS, SARA, . .

Office Sought: House, Senate, President

Disbursement For: 2024, Primary, General, Other

State: CA, District: 53

Full Name (Last, First, Middle Initial)

B. SHARICE FOR CONGRESS

Date of Disbursement

Date selection grid showing 09/27/2023

Mailing Address 13851 Num 303

City Shawnee, State KS, Zip Code 66216

FEC Identification Number

FEC ID grid showing C00670034

Transaction ID : 500137635

Amount of Each Disbursement this Period

Amount grid showing 2500.00

Memo Item checkbox

Purpose of Disbursement

Contribution

Category/Type grid

Candidate Name

DAVIDS, SHARICE, . .

Office Sought: House, Senate, President

Disbursement For: 2024, Primary, General, Other

State: KS, District: 03

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Date selection grid

Mailing Address

City, State, Zip Code

FEC Identification Number

FEC ID grid

Amount of Each Disbursement this Period

Amount grid

Memo Item checkbox

Purpose of Disbursement

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Subtotal grid showing 3500.00

Total grid showing 54000.00

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"/> 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

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. Zaccaro, Donna, , ,

Mailing Address 79 Second Hill Rd

City
Bridgewater

State
CT

Zip Code
06752-1016

Purpose of Disbursement
Refund of 9/25/23 Contribution

Candidate Name

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:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500136834

Amount of Each Disbursement this Period

[] 1200.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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:

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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:

Date of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 1200.00

[] 1200.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
Non-Contribution Account PAC Credit Card Processing Fee

Candidate Name
ActBlue Technical Services

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00401224

Transaction ID : 500137559

Amount of Each Disbursement this Period

39.50

Memo Item

Full Name (Last, First, Middle Initial)

B. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : 500137647

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement
Non Contribution Account PAC Reimbursement - See Below if Itemized

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : 500137667

Amount of Each Disbursement this Period

75.00

Memo Item

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

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

5114.50

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)

Grid for line numbers 21b-30b with checkboxes, where 29 is checked.

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

Form A: Disbursement for Sudolsky, Brian. Includes fields for name, address, date (09/11/2023), amount (75.00), and transaction ID (500137668).

Form B: Disbursement for Dickstein Sudolsky, Marcia. Includes fields for name, address, date (09/13/2023), amount (120.00), and transaction ID (500137654).

Form C: Disbursement for Sudolsky, Brian. Includes fields for name, address, date (09/13/2023), amount (50.00), and transaction ID (500137655).

SUBTOTAL of Disbursements This Page (optional) 120.00
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Dickstein Sudolsky, Marcia, , ,		Date of Disbursement MM / DD / YYYY 09 / 18 / 2023	
Mailing Address 445 Park Ave		FEC Identification Number C [] Transaction ID : 500137657	
City New York	State NY	Zip Code 10022-2606	Amount of Each Disbursement this Period [] 193.82
Purpose of Disbursement Non Contribution Account PAC Reimbursement - See Below if Itemized		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
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. Sudolsky, Brian, , ,		Date of Disbursement MM / DD / YYYY 09 / 18 / 2023	
Mailing Address 131 E 93Rd St Apt 1CD		FEC Identification Number C [] Transaction ID : 500137658	
City New York	State NY	Zip Code 10128-1606	Amount of Each Disbursement this Period [] 62.50
Purpose of Disbursement Non Contribution Account PAC Event Staffing		Category/ Type []	Memo Item <input checked="" type="checkbox"/>
Candidate Name			
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. Dickstein Sudolsky, Marcia, , ,		Date of Disbursement MM / DD / YYYY 09 / 22 / 2023	
Mailing Address 445 Park Ave		FEC Identification Number C [] Transaction ID : 500137648	
City New York	State NY	Zip Code 10022-2606	Amount of Each Disbursement this Period [] 2500.00
Purpose of Disbursement Non Contribution Account PAC Administrative Services		Category/ Type []	Memo Item <input type="checkbox"/>
Candidate Name			
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).....▶	[] 2693.82
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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Dickstein Sudolsky, Marcia, , ,

Mailing Address 445 Park Ave

City
New York

State
NY

Zip Code
10022-2606

Purpose of Disbursement
Non Contribution Account PAC Administrative Services

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	3

FEC Identification Number

C []

Transaction ID : 500137649

Amount of Each Disbursement this Period

[] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Florida Women's Freedom Coalition

Mailing Address 6619 S Dixie Hwy
617

City
Miami

State
FL

Zip Code
33143-7919

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	3

FEC Identification Number

C []

Transaction ID : 500137578

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Howe, Nora, , ,

Mailing Address 113 Mott St
Apt 4R

City
New York

State
NY

Zip Code
10013-4634

Purpose of Disbursement
Non Contribution Account PAC Administrative Services

Candidate Name

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:

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500137620

Amount of Each Disbursement this Period

[] 568.12

Memo Item

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

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

[] 3568.12

[]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Howe, Nora, , ,

Mailing Address 113 Mott St
Apt 4R

City New York State NY Zip Code 10013-4634

Purpose of Disbursement
Non Contribution Account PAC Administrative Services

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 500137621

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lee Morea, David, , ,

Mailing Address 339 E 94Th St
Apt 6C

City New York State NY Zip Code 10128-4720

Purpose of Disbursement
Non Contribution Account PAC Event Staffing

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 500137570

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Regus Office Solutions

Mailing Address 445 Park Ave
Fl 9

City New York State NY Zip Code 10022-8606

Purpose of Disbursement
Non Contribution Account PAC Conference Room Rental

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 500137628

Amount of Each Disbursement this Period

Memo Item

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

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

NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Stanton, James, , ,

Mailing Address 235 E 22Nd St
15HI

City
New York

State
NY

Zip Code
10010-4616

Purpose of Disbursement
Non Contribution Account PAC Graphic Design

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

FEC Identification Number

C []

Transaction ID : 500137591

Amount of Each Disbursement this Period

[] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 250.00

[] 12605.60