

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

Office Use Only

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

12FE4M5

Tri-State Maxed-Out Women

ADDRESS (number and street)

445 Park Avenue

9th Floor

☐ Check if different than previously reported. (ACC)

New York

NY

10022

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488387

3. IS THIS
REPORTNEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marcia Dickstein Sudolsky

Signature of Treasurer

Marcia Dickstein Sudolsky

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 01 2012

To:

 M M / D D / Y Y Y Y Y
 11 26 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		90415.18
(b) Cash on Hand at Beginning of Reporting Period.....	98535.46	
(c) Total Receipts (from Line 19)	11200.00	217150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	109735.46	307565.18
7. Total Disbursements (from Line 31)	53703.95	251533.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56031.51	56031.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Tri-State Maxed-Out Women

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 10 01 2012

To:

 M M / D D / Y Y Y Y Y
 11 26 2012
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).....

11200.00

216950.00

(ii) Unitemized

0.00

200.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

11200.00

217150.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

11200.00

217150.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

11200.00

217150.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

11200.00

217150.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	53703.95	72033.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	53703.95	72033.67
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	179500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53703.95	251533.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53703.95	251533.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11200.00	217150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11200.00	217150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	53703.95	72033.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	53703.95	72033.67

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

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

FOR LINE NUMBER: PAGE 6 OF 18
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Shirley Amdur

Mailing Address 445 Park Ave., 9th Fl

City State Zip Code
 New York NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Unk

Unk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : SA11AI.4955

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ellen Berenson

Mailing Address 6135 East 48th St

City State Zip Code
 New York NY 10017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Ellen Berenson Antiques & Fine

Antique Dealer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2012

Transaction ID : SA11AI.4957

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Celia Felsher

Mailing Address 521 Eagle Knolls Rd.

City State Zip Code
 Larchmont NY 10583

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Reservoir Operations

Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 02 / 2012

Transaction ID : SA11AI.4959

Amount of Each Receipt this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marilyn Friedman

Mailing Address 895 Park Ave.

City
New York

State Zip Code
NY 10075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Design Historian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2012

Transaction ID : SA11AI.4960

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nancy Newhouse

Mailing Address 154 West 88th St

City
New York

State Zip Code
NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2012

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Marcia Riklis

Mailing Address 700 Meadow Lane

City
South Hampton

State Zip Code
NY 11968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unk

Occupation

Unk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2012

Transaction ID : SA11AI.4962

Amount of Each Receipt this Period

1000.00

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

6200.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 18
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marily Thypin

Mailing Address 445 Park Ave, 9th fl

City
New York

State Zip Code
NY 10022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation
None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2012

Transaction ID : SA11AI.4964

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

500.00

11200.00

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

Tri-State Maxed-Out Women

A. SHELLEY ADLER

City	State	Zip Code
MOORESTOWN	NJ	08057

011

Category/
Type

SHELLEY ADLER

Office Sought:	☒	House
	☐	Senate
	☐	President
State: NJ	District:	03

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

B. JULIA BROWNLEY

Mailing Address 5613 FOXWOOD DRIVE

City	State	Zip Code
OAK PARK	CA	91377

Transaction ID : SB21B.4928

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	5%
3. To provide for the maintenance and repair of the equipment	5%
4. To provide for the maintenance and repair of the vehicles	5%
5. To provide for the maintenance and repair of the other assets	5%
6. To provide for the maintenance and repair of the land	5%
7. To provide for the maintenance and repair of the other assets	5%
8. To provide for the maintenance and repair of the other assets	5%
9. To provide for the maintenance and repair of the other assets	5%
10. To provide for the maintenance and repair of the other assets	5%

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

JULIA BROWNLEY

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

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. JULIA BROWNLEY

Date of Disbursement

Mailing Address 5613 FOXWOOD DRIVE

City	State	Zip Code
OAK PARK	CA	91377

Transaction ID : SB21B.4942

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the equipment	10%
3. To provide for the maintenance and repair of the furniture	10%
4. To provide for the maintenance and repair of the fixtures	10%
5. To provide for the maintenance and repair of the fittings	10%
6. To provide for the maintenance and repair of the fixtures	10%
7. To provide for the maintenance and repair of the fittings	10%
8. To provide for the maintenance and repair of the fixtures	10%
9. To provide for the maintenance and repair of the fittings	10%
10. To provide for the maintenance and repair of the fixtures	10%

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

JULIA BROWNLEY

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

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

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

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

7000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 18

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. LOIS G CAPPS

Mailing Address P.O. BOX 23940

City	State	Zip Code
SANTA BARBARA	CA	93121

Purpose of Disbursement
Contribution

Candidate Name

LOIS G CAPPS

Office Sought:	☒ House
	☐ Senate
	☐ President

State: CA District: 24

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2012

Transaction ID : SB21B.4945

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. SUZAN K DELBENE

Mailing Address PO BOX 487

City	State	Zip Code
BOTHELL	WA	98041

Purpose of Disbursement
Contribution

Candidate Name

SUZAN K DELBENE

Office Sought:	☒ House
	☐ Senate
	☐ President

State: WA District: 01

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2012

Transaction ID : SB21B.4943

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VALDEZ VAL DEMINGS

Mailing Address 9148 SOUTHERN BREEZE DRIVE

City	State	Zip Code
ORLANDO	FL	32836

Purpose of Disbursement
Contribution

Candidate Name

VALDEZ VAL DEMINGS

Office Sought:	☒ House
	☐ Senate
	☐ President

State: FL District: 08

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		05		2012

Transaction ID : SB21B.4929

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

Tri-State Maxed-Out Women

A. EHRLICH FOR CONGRESS

011

Category/
Type

EHRlich FOR CONGRESS

State: FL District: 10

B. ELIZABETH ESTY

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' for the month, the second shows '05' for the day, and the third shows '2012' for the year. Each display has a small 'MM' label above the first, 'DD' above the second, and 'YYYY' above the third.

011

Category/
Type

ELIZABETH ESTY

State: CT District: 05

C. LOIS J FRANKEL

Transaction ID : SB21B.4939

011

Category/
Type

LOIS J FRANKEL

State: FL District: 22

7500.00

7500.00

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

Tri-State Maxed-Out Women

A. Monica Graham

City	State	Zip Code
New York	NY	10022

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	5%
3. To provide for the maintenance and repair of the equipment	5%
4. To provide for the maintenance and repair of the vehicles	5%
5. To provide for the maintenance and repair of the other assets	5%
6. To provide for the maintenance and repair of the land	5%
7. To provide for the maintenance and repair of the other assets	5%
8. To provide for the maintenance and repair of the other assets	5%
9. To provide for the maintenance and repair of the other assets	5%
10. To provide for the maintenance and repair of the other assets	5%

011

Candidate Name

MICHELLE GRISHAM

Category/
Type

Office Sought:	☒	House
	☐	Senate
	☐	President
State: NM	District: 01	

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

2500.00

B. PAM GULLESON

City	State	Zip Code
RUTLAND	ND	58067

Transaction ID : SB21B.4940

Purpose of Disbursement	Contribution
1. To provide for the maintenance and repair of the building	10%
2. To provide for the maintenance and repair of the furniture and fixtures	10%
3. To provide for the maintenance and repair of the equipment	10%
4. To provide for the maintenance and repair of the vehicles	10%
5. To provide for the maintenance and repair of the other assets	10%
6. To provide for the maintenance and repair of the land	10%
7. To provide for the maintenance and repair of the other assets	10%
8. To provide for the maintenance and repair of the other assets	10%
9. To provide for the maintenance and repair of the other assets	10%
10. To provide for the maintenance and repair of the other assets	10%

011

Amount of Each Disbursement this Period

Candidate Name

PAM GULLESON

Category/
Type

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

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

2500.00

C. JOYCE HEALY-ABRAMS

City	State	Zip Code
CANTON	OH	44708

Transaction ID : SB21B.4937

Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

JOYCE HEALY-ABRAMS

Category/
Type

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

Disbursement For: 2012

☐	Primary	☒	General
☐	Other (specify) ▼		

2500.00

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

7500.00

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

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

Tri-State Maxed-Out Women

2500.00

State: MO District: 04

2500.00

State: HI District: 00

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' with 'M' labels above it. The second display shows '05' with 'D' labels above it. The third display shows '2012' with 'Y' labels above it. The displays are separated by slashes.

2500.00

State: NY District: 27

7500.00

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

Tri-State Maxed-Out Women

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '05' with 'D' indicators above it. The third display shows '2012' with 'Y' indicators above it.

2500.00

2500.00

Three digital displays showing the date 10/05/2012 in MM/DD/YYYY format. The first display shows '10' with 'M' labels above. The second shows '05' with 'D' labels above. The third shows '2012' with 'Y' labels above.

Amount of Each Disbursement this Period

2500.00

State: NH District: 01

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 18

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Marcia Dickstein SudolskyMailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Facilities/ Office

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 01 2012**Transaction ID : SB21B.4917**

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Marcia Dickstein SudolskyMailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 01 2012**Transaction ID : SB21B.4921**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Marcia Dickstein SudolskyMailing Address 445 Park Avenue
9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
Facilities/ Office

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 01 2012**Transaction ID : SB21B.4922**

Amount of Each Disbursement this Period

200.00

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

1400.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Tuscany Caterers

Mailing Address 61 West 55th St, #1

City New York State NY Zip Code 10019

Purpose of Disbursement
Catering

Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2012

Transaction ID : SB21B.4918

Amount of Each Disbursement this Period

1278.95

Full Name (Last, First, Middle Initial)

B. CHRISTIE VILSACK

Mailing Address 2204 PINEHURST DR

City AMES State IA Zip Code 50010

Purpose of Disbursement
Contribution

Candidate Name

CHRISTIE VILSACK

011

Category/
Type
Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 05 / 2012

Transaction ID : SB21B.4927

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

3778.95

53703.95