

# 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.   
L PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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

Signature of Treasurer *Rosen, Hilary, , ,* [Electronically Filed] 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**

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Page 2

Write or Type Committee Name

L PAC

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="2017"/>	<input type="text" value=""/>	<input type="text" value="69745.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="100796.63"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="275231.20"/>	<input type="text" value="691209.54"/>
(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="376027.83"/>	<input type="text" value="760955.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="290036.38"/>	<input type="text" value="674963.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="85991.45"/>	<input type="text" value="85991.45"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**L PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	150.00	15400.00
(ii) Unitemized .....	13873.19	14313.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14023.19	29713.67
(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) .....	14023.19	29713.67
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	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	261208.01	659495.87
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)).....▶	275231.20	691209.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	275231.20	691209.54

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	2230.41	2545.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2230.41	2545.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	7500.00
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 .....	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 (Including Non-Federal Donations).....	286805.97	664918.20
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)) ..	290036.38	674963.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	290036.38	674963.64

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14023.19	29713.67
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14023.19	29713.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2230.41	2545.44
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2230.41	2545.44

**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 138  
(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)  
**L PAC**

**A. Joplin, Linda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11312 edinburgh dr  
 City Westminster State CA Zip Code 92683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt **07 / 18 / 2017**  
**Transaction ID : VNW3HFAGKT6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Joplin, Linda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11312 edinburgh dr  
 City Westminster State CA Zip Code 92683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **08 / 18 / 2017**  
**Transaction ID : VNW3HFC61T5**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Joplin, Linda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11312 edinburgh dr  
 City Westminster State CA Zip Code 92683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **09 / 18 / 2017**  
**Transaction ID : VNW3HFDE6H0**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 138
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Joplin, Linda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11312 edinburgh dr  
 City Westminster State CA Zip Code 92683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2017  
**Transaction ID : VNW3HFFFC33**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Joplin, Linda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11312 edinburgh dr  
 City Westminster State CA Zip Code 92683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 18 / 2017  
**Transaction ID : VNW3HFGW3B0**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Joplin, Linda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11312 edinburgh dr  
 City Westminster State CA Zip Code 92683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 18 / 2017  
**Transaction ID : VNW3HFJ4TD1**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	150.00

**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 8 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Aberly, Naomi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Mount Vernon Pl  
 City Boston State MA Zip Code 02108-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) volunteer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : VNW3HFGPZ08**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**B. Agrama, Jehan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 S Windsor Blvd  
 City Los Angeles State CA Zip Code 90004-3819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Harmony Gold Occupation (for Individual) Media Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 268.00

Date of Receipt 11 / 08 / 2017  
**Transaction ID : VNW3HFGMBR9**  
 Amount of Each Receipt this Period 218.00  
 Memo Item  
 Non-contribution account

**C. Alickman, Elenore, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Harry Kemp Way  
 City Provincetown State MA Zip Code 02657-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Real estate agent/artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 27 / 2017  
**Transaction ID : VNW3HFBF8P5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	968.00
<b>TOTAL</b> 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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Alickman, Elenore, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 Harry Kemp Way  
 City Provincetown State MA Zip Code 02657-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Real estate agent/artist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 11 / 2017**  
**Transaction ID : VNW3HFBZVS5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Allison, Meryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 Pound Ridge Rd  
 City Bedford State NY Zip Code 10506-1238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allison Strategic Consulting, LLC Occupation (for Individual) Management Consultant  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 24 / 2017**  
**Transaction ID : VNW3HFB6RW6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Arnstein, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Central Park W Apt 5A  
 City New York State NY Zip Code 10023-6006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 30 / 2017**  
**Transaction ID : VNW3HFG8F27**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1500.00  
**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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Balumbo, Pam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Hickory Pl  
 F30  
 City Chatham State NJ Zip Code 07928-1448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wharton Institute for the Performing A Occupation (for Individual) Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : VNW3HFDZ453**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non-contribution account

**B. Balumbo, Pam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 Hickory Pl  
 F30  
 City Chatham State NJ Zip Code 07928-1448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wharton Institute for the Performing A Occupation (for Individual) Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4300.00

Date of Receipt **10 / 26 / 2017**  
**Transaction ID : VNW3HFFSYA6**  
 Amount of Each Receipt this Period 4000.00  
 Memo Item  
 Non-contribution account

**C. Barrios Paoli, Lilliam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Riverside Dr  
 Apt 10F  
 City New York State NY Zip Code 10025-4115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hunter College/CUNY Occupation (for Individual) Senior Advisor to the President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 02 / 2017**  
**Transaction ID : VNW3HFGDT80**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Beatty, David, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2017
Mailing Address 230 W 79th St Ste 93N		<b>Transaction ID : VNW3HFHNFV0</b>
City New York	State NY	Zip Code 10024-6246
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) grann	Occupation (for Individual) business	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Belzberg, Leslie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		<b>Transaction ID : VNW3HFBH3B4</b>
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Belzberg, Leslie, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		<b>Transaction ID : VNW3HFCQ6R3</b>
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 7500.00	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Belzberg, Leslie, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		<b>Transaction ID : VNW3HFEKHX9</b>
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 7750.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Belzberg, Leslie, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 29 / 2017
Mailing Address 5672 Wilshire Blvd. STE 1360		<b>Transaction ID : VNW3HFG6EK5</b>
City Los Angeles	State CA	Zip Code 90036-3709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Filmmaker	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 8000.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Benson, Gail, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 03 / 2017
Mailing Address 435 E 77th St 11B		<b>Transaction ID : VNW3HFHEZM4</b>
City New York	State NY	Zip Code 10075-2319
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Morgan Stanley	Occupation (for Individual) Operations	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 250.00	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Bindler, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 390 Mounts Corner Dr  
 City Freehold State NJ Zip Code 07728-2562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Business owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 13 / 2017**  
**Transaction ID : VNW3HFF9Y76**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Blaustein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 Cambridge Dr  
 City Ramsey State NJ Zip Code 07446-1264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **11 / 28 / 2017**  
**Transaction ID : VNW3HFHB1R8**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-contribution account

**C. Blaustein, Janet, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 337 Cambridge Dr  
 City Ramsey State NJ Zip Code 07446-1264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : VNW3HFHF305**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Bonazinga, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 W Vine St  
 City Provincetown State MA Zip Code 02657-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.33

Date of Receipt 08 / 01 / 2017  
**Transaction ID : VNW3HFBQJ06**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Non-contribution account

**B. Bonazinga, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 W Vine St  
 City Provincetown State MA Zip Code 02657-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt 09 / 01 / 2017  
**Transaction ID : VNW3HFCVS53**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Non-contribution account

**C. Bonazinga, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 W Vine St  
 City Provincetown State MA Zip Code 02657-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.99

Date of Receipt 10 / 01 / 2017  
**Transaction ID : VNW3HFEKAS4**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.99  
**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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bonazinga, Angela, , ,</b>			Date of Receipt
Mailing Address <b>78 W Vine St</b>			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Provincetown	State MA	Zip Code 02657-1241	<b>Transaction ID : VNW3HFGC1F4</b>
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <input type="text"/> 83.33
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 583.32		Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bonazinga, Angela, , ,</b>			Date of Receipt
Mailing Address <b>78 W Vine St</b>			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Provincetown	State MA	Zip Code 02657-1241	<b>Transaction ID : VNW3HFHCXE7</b>
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <input type="text"/> 83.33
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 666.65		Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bowd, David, , ,</b>			Date of Receipt
Mailing Address <b>157 Commercial St</b>			<input type="text"/> M M M / <input type="text"/> D D D / <input type="text"/> Y Y Y Y Y Y
City Provincetown	State MA	Zip Code 02657-2031	<b>Transaction ID : VNW3HFADBT4</b>
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <input type="text"/> 500.00
Name of Employer (for Individual) Salt Hotels		Occupation (for Individual) Hotelier	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/> 500.00		Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text"/> 666.66
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Brauer, Shelley, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Calvin Rd  
 City Jamaica Plain State MA Zip Code 02130-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Shelley Brauer, Ph.D. Occupation (for Individual) Psychotherapist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : VNW3HFB9WM6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Callahan, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 238 W 108th St Apt 3  
 City New York State NY Zip Code 10025-2997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Omnicom Group Occupation (for Individual) Chief Client Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 07 / 10 / 2017  
**Transaction ID : VNW3HFA8QB4**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**C. Callahan, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 238 W 108th St Apt 3  
 City New York State NY Zip Code 10025-2997  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Omnicom Group Occupation (for Individual) Chief Client Officer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 5500.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : VNW3HFBQHQ5**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**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 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Carter, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Oak Bend Rd  
 City West Orange State NJ Zip Code 07052-4960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) n/a Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : VNW3HFDZXC2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Cerbone, Annette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 Central Park W Apt 14F  
 City New York State NY Zip Code 10025-7659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 01 / 2017**  
**Transaction ID : VNW3HFGCE86**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Civitas Public Affairs**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 13th St NW  
 City Washington State DC Zip Code 20005-3807  
 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 ▼ 250.00

Date of Receipt **08 / 02 / 2017**  
**Transaction ID : VNW3HFBRRH2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 138  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Clifford, Stewart, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **PO Box 492**  
**Unit 6**

City <b>Provincetown</b>	State <b>MA</b>	Zip Code <b>02657-0492</b>
-----------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Stewart Clifford Gallery</b>	Occupation (for Individual) <b>Manager</b>
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt: **MM / DD / YYYY**  
**07 / 02 / 2017**

**Transaction ID : VNW3HF9X120**

Amount of Each Receipt this Period  
**250.00**

Memo Item

Non-contribution account

**B. Cohen, Barbara, E, ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **2109 Broadway**  
**Apt 1365**

City <b>New York</b>	State <b>NY</b>	Zip Code <b>10023-2149</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Self</b>	Occupation (for Individual) <b>Artist</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt: **MM / DD / YYYY**  
**07 / 20 / 2017**

**Transaction ID : VNW3HFB28P3**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Non-contribution account

**C. Cohen, Barbara, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **2109 Broadway**  
**Apt 1365**

City <b>New York</b>	State <b>NY</b>	Zip Code <b>10023-2149</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer (for Individual) <b>Barbara Cohen</b>	Occupation (for Individual) <b>Artist</b>
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt: **MM / DD / YYYY**  
**12 / 01 / 2017**

**Transaction ID : VNW3HFHD1A5**

Amount of Each Receipt this Period  
**500.00**

Memo Item

Non-contribution account

**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 19 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Columbia-Walsh, Meg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 190 Christopher Columbus Dr  
 City Jersey City State NJ Zip Code 07302-3432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wylei, Inc. Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : VNW3HFG8XD5**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Cooper, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 658 Union St Apt 2  
 City Brooklyn State NY Zip Code 11215-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQH06**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Cruz, Ana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 W Flamingo Rd  
 City Tampa State FL Zip Code 33611-1012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ballard Partners Occupation (for Individual) Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5100.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : VNW3HFHF7T7**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Cull, Rhian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 Westminster St  
 Ste 1500  
 City Providence State RI Zip Code 02903-2395  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Hinckley Allen Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : VNW3HFBRRJ0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Cyr, Julian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1269  
 City Truro State MA Zip Code 02666-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth of Massachusetts Occupation (for Individual) State Senator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 28 / 2017**  
**Transaction ID : VNW3HFBGVN7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Deaton, Tyler, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 School St  
 City Concord State NH Zip Code 03301-3815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Allegiance Strategies Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 14 / 2017**  
**Transaction ID : VNW3HFGRPY1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 21 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Dumas, Nan, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 250

City Marblehead	State MA	Zip Code 01945-0250
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Fenway Health	Occupation (for Individual) Development
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		19		2017

**Transaction ID : VNW3HFAZ3A6**

Amount of Each Receipt this Period  
250.00

Memo Item

Non-contribution account

**B. Dumas, Nan, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 250

City Marblehead	State MA	Zip Code 01945-0250
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Fenway Health	Occupation (for Individual) Development
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2017

**Transaction ID : VNW3HFBT2P1**

Amount of Each Receipt this Period  
1000.00

Memo Item

Non-contribution account

**C. Emes, Radley, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1441 Q St NW

City Washington	State DC	Zip Code 20009-3807
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Property Management
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2017

**Transaction ID : VNW3HFFHKW2**

Amount of Each Receipt this Period  
3000.00

Memo Item

Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Felicio, Diane, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2017
Mailing Address 39 Westchester Rd 39		<b>Transaction ID : VNW3HFACT2</b>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Community Catalyst	Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Felicio, Diane, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 20 / 2017
Mailing Address 39 Westchester Rd 39		<b>Transaction ID : VNW3HFC6TJ5</b>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Community Catalyst	Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Felicio, Diane, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 04 / 2017
Mailing Address 39 Westchester Rd 39		<b>Transaction ID : VNW3HFGFKV0</b>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Community Catalyst	Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 4000.00	<input type="checkbox"/> Non-contribution account

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Felicio, Diane, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2017
Mailing Address 39 Westchester Rd 39		<b>Transaction ID : VNW3HFJF1Q5</b>
City Jamaica Plain	State MA	Zip Code 02130-3451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Community Catalyst	Occupation (for Individual) COO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Field, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 03 / 2017
Mailing Address 50 Central Park W Apt 5A		<b>Transaction ID : VNW3HF9X442</b>
City New York	State NY	Zip Code 10023-6006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Field Real Estate Holdings	Occupation (for Individual) Real Estate Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Field, Michael, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2017
Mailing Address 50 Central Park W Apt 5A		<b>Transaction ID : VNW3HFH4T39</b>
City New York	State NY	Zip Code 10023-6006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Field Real Estate Holdings	Occupation (for Individual) Real Estate Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3000.00	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 24 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Filardi, Dolores, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 1203  
 City Truro State MA Zip Code 02666-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Sculptor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : VNW3HFBR2A9**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Finkel, Lori, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 551 W 21st St Apt 9A  
 City New York State NY Zip Code 10011-2871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired Investment Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 30 / 2017**  
**Transaction ID : VNW3HFG8R93**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Fox, Jan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Bayberry Ave  
 City Provincetown State MA Zip Code 02657-1214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHJ6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Franchot, Polly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1819 Humboldt Ave S  
 City Minneapolis State MN Zip Code 55403-2814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 26 / 2017**  
**Transaction ID : VNW3HFBEE16**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Garcia, Caroline, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 159 Madison Ave 7C  
 City New York State NY Zip Code 10016-5428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NYPA Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : VNW3HFHF2T7**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Gay, Faith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 5th Ave 3a  
 City New York State NY Zip Code 10011-8843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Quinn Emanuel Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 18 / 2017**  
**Transaction ID : VNW3HFGWM76**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 26 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Giske, Emily, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2017
Mailing Address 440 W 24th St Apt 3F		<b>Transaction ID : VNW3HFHF2Q4</b>
City New York	State NY	Zip Code 10011-1350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Bolton St. Johns	Occupation (for Individual) New York State Lobbyist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Glassman, Laurie, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2017
Mailing Address 140 Prince St		<b>Transaction ID : VNW3HFBQHW5</b>
City Jamaica Plain	State MA	Zip Code 02130-4005
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) The Park School	Occupation (for Individual) Teacher	<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	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Goldsmith, Pamela, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 20 / 2017
Mailing Address 1 Northside Piers 14j		<b>Transaction ID : VNW3HFB2263</b>
City Brooklyn	State NY	Zip Code 11249-4375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Harris beach	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Gottesman, Margery, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 Fernwood Rd  
 City Summit State NJ Zip Code 07901-2954  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) JewBelong, Inc. Occupation (for Individual) Co-Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 27 / 2017  
**Transaction ID : VNW3HFG6404**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Griffin, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 312 Windermere Ave  
 City Interlaken State NJ Zip Code 07712-4432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2017  
**Transaction ID : VNW3HFFA5Q7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**C. Hanlon, Meghan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1618 Q St NW Apt 4  
 City Washington State DC Zip Code 20009-6359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Ross Center Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 06 / 2017  
**Transaction ID : VNW3HFHNT2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 28 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Hanna, Gabby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Pleasant St  
 City Provincetown State MA Zip Code 02657-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coldwell Banker Pat Shultz RE Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 17 / 2017**  
**Transaction ID : VNW3HFAES58**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**B. Hanratty, Teresa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 81 Appleton St # 3  
 City Boston State MA Zip Code 02116-6109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHP7**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**C. Harrington, Nora, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 Canton Ave  
 City Milton State MA Zip Code 02186-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Psychology Associates Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : VNW3HFBQZZ9**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Haycox, Karen, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 21 / 2017
Mailing Address 374 7th St Apt 403		<b>Transaction ID : VNW3HFDZKP1</b>
City Jersey City	State NJ	
Zip Code 07302-1877		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Habitat for Humanity NYC	Occupation (for Individual) CEO	Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Haycox, Karen, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 16 / 2017
Mailing Address 374 7th St Apt 403		<b>Transaction ID : VNW3HFGTNQ8</b>
City Jersey City	State NJ	
Zip Code 07302-1877		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Habitat for Humanity NYC	Occupation (for Individual) CEO	Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Haycox, Karen, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2017
Mailing Address 374 7th St Apt 403		<b>Transaction ID : VNW3HFHF2K2</b>
City Jersey City	State NJ	
Zip Code 07302-1877		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Habitat for Humanity NYC	Occupation (for Individual) CEO	Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1310.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Hey, Jean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Calvin Rd  
 City Jamaica Plain State MA Zip Code 02130-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) writer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 28 / 2017**  
**Transaction ID : VNW3HFJSC30**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Huth, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Walnut St Apt 2  
 City Brookline State MA Zip Code 02445-7570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huth Architects Occupation (for Individual) Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 20 / 2017**  
**Transaction ID : VNW3HFB2271**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Huth, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Walnut St Apt 2  
 City Brookline State MA Zip Code 02445-7570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Huth Architects Occupation (for Individual) Architect  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 15 / 2017**  
**Transaction ID : VNW3HFC3GH2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hyland, Linda, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2017
Mailing Address 10 Bowdoin St Apt 20		<b>Transaction ID : VNW3HFJBYG8</b>
City Boston	State MA	Zip Code 02114-4239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) retired	Occupation (for Individual) physician assistant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kauffman, Joyce, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2017
Mailing Address 67 Clarendon Park		<b>Transaction ID : VNW3HFF6F22</b>
City Roslindale	State MA	Zip Code 02131-4202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Self - Kauffman Law & Mediation	Occupation (for Individual) Lawyer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Kleinbaum, Sharon, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 22 / 2017
Mailing Address 675 Academy St 6D		<b>Transaction ID : VNW3HFH4QJ1</b>
City New York	State NY	Zip Code 10034-4201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) CBST	Occupation (for Individual) RABBI	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 32 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Kloss, Ilana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 W 79th St  
 Ph 1B  
 City New York State NY Zip Code 10024-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) World Team Tennis Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : VNW3HFG63Y0**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Kubesch, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1556 NE 37th St  
 City Oakland Park State FL Zip Code 33334-4623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Film Maker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : VNW3HFBR291**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Kushner, Tony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 170 W End Ave  
 Apt 26D  
 City New York State NY Zip Code 10023-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Playwright  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 02 / 2017**  
**Transaction ID : VNW3HFGCQV5**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Lafer, Jill, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 5th Ave # 7B  
 City New York State NY Zip Code 10128-0104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Activist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 21 / 2017**  
**Transaction ID : VNW3HFH0102**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Larken, Patty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 663  
 City Wellfleet State MA Zip Code 02667-0663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Musician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHV7**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Lenane, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 681  
 City Provincetown State MA Zip Code 02657-0681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Coldwell Banker Pat Shultz Real Estate Occupation (for Individual) Real Estate Broker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 16 / 2017**  
**Transaction ID : VNW3HFAENF8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5750.00
<b>TOTAL</b> 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 34 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Leszczynski, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **07 / 17 / 2017**  
**Transaction ID : VNW3HFAGJM6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**B. Leszczynski, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 Wellesley Ave  
 City Needham State MA Zip Code 02494-1821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5500.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHR3**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Lewis, Ruth, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Seymour St Unit 3  
 City Roslindale State MA Zip Code 02131-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ruth E Lewis PhD LLC Occupation (for Individual) Psychologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHC0**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Linsky, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26 Evergreen Way  
 City Sleepy Hollow State NY Zip Code 10591-1119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) McDermott Will & Emery Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt **11 / 12 / 2017**  
**Transaction ID : VNW3HFGQ0C6**  
 Amount of Each Receipt this Period 350.00  
 Memo Item  
 Non-contribution account

**B. Long, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Grove St  
 City Randolph State MA Zip Code 02368-2949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 16 / 2017**  
**Transaction ID : VNW3HFAEB72**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Long, Michele, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 52 Grove St  
 City Randolph State MA Zip Code 02368-2949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 03 / 2017**  
**Transaction ID : VNW3HFBRQD8**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00  
**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 36 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Lopez, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Beacon Heights Dr  
 City Newton State MA Zip Code 02459-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Judge  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 19 / 2017**  
**Transaction ID : VNW3HFAK1K6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Loveland, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Worcester St  
 City Boston State MA Zip Code 02118-3319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keller Williams Realty Occupation (for Individual) Residential Real Estate Salesperson  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQH55**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Lythcott, Ngina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Somerset Rd  
 City Provincetown State MA Zip Code 02657-1755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : VNW3HFBR007**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> 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 37 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Masliah, Noemi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 W 16th St  
 Apt 9SN  
 City New York State NY Zip Code 10011-6336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) THE MASLIAH FIRM PC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.18

Date of Receipt **11 / 08 / 2017**  
**Transaction ID : VNW3HFGMBX8**  
 Amount of Each Receipt this Period 200.18  
 Memo Item  
 Non-contribution account

**B. McCarthy, Rick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Dartmouth Pl  
 Apt 3  
 City Boston State MA Zip Code 02116-6106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) US Bank Occupation (for Individual) Banker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQGH7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. McGahan, Anita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 654  
 City Provincetown State MA Zip Code 02657-0654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Toronto Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 17 / 2017**  
**Transaction ID : VNW3HFAES32**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.18  
**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 38 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. McGahan, Anita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 654  
 City Provincetown State MA Zip Code 02657-0654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) University of Toronto Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : VNW3HFBR275**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-contribution account

**B. Meads, Nancyann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Point St  
 City Provincetown State MA Zip Code 02657-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 30 / 2017  
**Transaction ID : VNW3HFBR2B7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Mondini, Elena J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1326 Laurel Ave  
 City Ocean State NJ Zip Code 07712-4607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Spectrotel Ind Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2017  
**Transaction ID : VNW3HFE1216**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 39 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Mones, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 W Lake Shore Dr  
 City Rockaway State NJ Zip Code 07866-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) guidance counselor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : VNW3HFHF338**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Newstat, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 California St Unit 27C  
 City San Francisco State CA Zip Code 94109-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10750.00

Date of Receipt **07 / 27 / 2017**  
**Transaction ID : VNW3HFBF843**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**C. Newstat, Joyce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 California St Unit 27C  
 City San Francisco State CA Zip Code 94109-0004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Policy Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15750.00

Date of Receipt **09 / 22 / 2017**  
**Transaction ID : VNW3HFE0T91**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 40 OF 138	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Newstat, Joyce, , ,</b>		Date of Receipt MM / DD / YYYY 10 / 30 / 2017	
Mailing Address 1200 California St Unit 27C		<b>Transaction ID : VNW3HFG8RH4</b>	
City San Francisco	State CA	Zip Code 94109-0004	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Self	Occupation (for Individual) Policy Consultant	Non-contribution account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 16750.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Newstat, Joyce, , ,</b>		Date of Receipt MM / DD / YYYY 12 / 23 / 2017	
Mailing Address 1200 California St Unit 27C		<b>Transaction ID : VNW3HFJN2Q3</b>	
City San Francisco	State CA	Zip Code 94109-0004	Amount of Each Receipt this Period 10000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Self	Occupation (for Individual) Policy Consultant	Non-contribution account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 26750.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Oliveira, Ana, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 02 / 2017	
Mailing Address 320 Riverside Dr Apt 15H		<b>Transaction ID : VNW3HFGDTB4</b>	
City New York	State NY	Zip Code 10025-4115	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) New York Women's Foundation	Occupation (for Individual) President/CEO	Non-contribution account	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paster, Esther, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Flying Point Rd  
 Ste 204  
 City Southampton State NY Zip Code 11968-5276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peconic Bay Realty Occupation (for Individual) Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 18 / 2017**  
**Transaction ID : VNW3HFAGKQ2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Peterpaul, Luanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Rivergate Way  
 City Long Branch State NJ Zip Code 07740-7800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peterpaul Law, LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **09 / 22 / 2017**  
**Transaction ID : VNW3HFE02P3**  
 Amount of Each Receipt this Period 700.00  
 Memo Item  
 Non-contribution account

**C. Peterpaul, Luanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Rivergate Way  
 City Long Branch State NJ Zip Code 07740-7800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peterpaul Law, LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **10 / 23 / 2017**  
**Transaction ID : VNW3HFFR158**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Peterpaul, Luanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 Rivergate Way  
 City Long Branch State NJ Zip Code 07740-7800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peterpaul Law, LLP Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 950.00

Date of Receipt **11 / 06 / 2017**  
**Transaction ID : VNW3HFGGWM0**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-contribution account

**B. PLANNED PARENTHOOD ACTION FUND INC. PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 434 W 33rd St  
 City New York State NY Zip Code 10001-2601  
 FEC ID number of contributing federal political committee. **C** C00314617  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **07 / 31 / 2017**  
**Transaction ID : VNW3HFBRRM6**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Podlodowski, Tina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 7th Ave W  
 City Seattle State WA Zip Code 98119-2919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Washington Democrats Occupation (for Individual) Chair  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2850.00

Date of Receipt **07 / 08 / 2017**  
**Transaction ID : VNW3HFA6TE7**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> 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 43 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Rafter, Kathryn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10141 Betty Jane Ln  
 City Dallas State TX Zip Code 75229-6133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : VNW3HFBR250**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Rice, Marla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Commercial St  
 City Provincetown State MA Zip Code 02657-2416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 11 / 2017**  
**Transaction ID : VNW3HFDHGK9**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Non-contribution account

**C. Ricketts, Gale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31536 Anacapa View Dr  
 City Malibu State CA Zip Code 90265-2604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Ready to Roll Transportation Business woman  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : VNW3HFHF2S9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 148000.00

Date of Receipt 09 / 06 / 2017  
**Transaction ID : VNW3HFM9229**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 Non-contribution account

**B. Ricketts, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Sheridan Rd  
 City Wilmette State IL Zip Code 60091-2821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Chicago Cubs Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 193000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : VNW3HFM9245**  
 Amount of Each Receipt this Period 45000.00  
 Memo Item  
 Non-contribution account

**C. Ritchie, Alix, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30220  
 City Fort Lauderdale State FL Zip Code 33303-0220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alix Ritchie Consulting Occupation (for Individual) Media Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 65100.00

Date of Receipt 07 / 18 / 2017  
**Transaction ID : VNW3HFAK1W7**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ritchie, Alix, L, ,</b>			Date of Receipt MM / DD / YYYY <b>08 / 25 / 2017</b>
Mailing Address <b>PO Box 30220</b>			<b>Transaction ID : VNW3HFCEM62</b>
City <b>Fort Lauderdale</b>	State <b>FL</b>	Zip Code <b>33303-0220</b>	Amount of Each Receipt this Period <b>5000.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Alix Ritchie Consulting</b>		Occupation (for Individual) <b>Media Consultant</b>	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>70100.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Robasciotti, Rachel, , ,</b>			Date of Receipt MM / DD / YYYY <b>07 / 27 / 2017</b>
Mailing Address <b>870 Market St Ste 1275</b>			<b>Transaction ID : VNW3HFBFAW8</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94102-2918</b>	Amount of Each Receipt this Period <b>200.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Robasciotti &amp; Philipson</b>		Occupation (for Individual) <b>Principal and Wealth Manager</b>	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2050.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Robasciotti, Rachel, , ,</b>			Date of Receipt MM / DD / YYYY <b>08 / 27 / 2017</b>
Mailing Address <b>870 Market St Ste 1275</b>			<b>Transaction ID : VNW3HFCEM95</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94102-2918</b>	Amount of Each Receipt this Period <b>200.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) <b>Robasciotti &amp; Philipson</b>		Occupation (for Individual) <b>Principal and Wealth Manager</b>	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>2250.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>5400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Robasciotti, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Market St  
 Ste 1275  
 City San Francisco State CA Zip Code 94102-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Principal and Wealth Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2450.00

Date of Receipt **09 / 27 / 2017**  
**Transaction ID : VNW3HFEH3K3**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-contribution account

**B. Robasciotti, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Market St  
 Ste 1275  
 City San Francisco State CA Zip Code 94102-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Principal and Wealth Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2650.00

Date of Receipt **10 / 27 / 2017**  
**Transaction ID : VNW3HFG3N07**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-contribution account

**C. Robasciotti, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Market St  
 Ste 1275  
 City San Francisco State CA Zip Code 94102-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Principal and Wealth Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3150.00

Date of Receipt **11 / 17 / 2017**  
**Transaction ID : VNW3HFGVMV6**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Robasciotti, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 870 Market St  
 Ste 1275  
 City San Francisco State CA Zip Code 94102-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Robasciotti & Philipson Occupation (for Individual) Principal and Wealth Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3350.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : VNW3HFH53T0**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-contribution account

**B. Rogers, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2165 State Hwy Rte 6  
 RTE 6  
 City Wellfleet State MA Zip Code 02667-8902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) State of CT Occupation (for Individual) Director, Academic Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHG0**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**C. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 15000.00

Date of Receipt **07 / 11 / 2017**  
**Transaction ID : VNW3HFA8ST6**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**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 48 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 16000.00

Date of Receipt 08 / 12 / 2017  
**Transaction ID : VNW3HFC09T4**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 17000.00

Date of Receipt 09 / 11 / 2017  
**Transaction ID : VNW3HFD6QC0**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 18000.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : VNW3HFF6NK9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 49 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 19000.00

Date of Receipt 11 / 11 / 2017  
**Transaction ID : VNW3HFGPXH7**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Rosen, Hilary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4835 Hutchins PI NW  
 City Washington State DC Zip Code 20007-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SKDKnickerbocker Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt 12 / 13 / 2017  
**Transaction ID : VNW3HFJ0D10**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Rotondo, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 732 Cornelia PI  
 City Philadelphia State PA Zip Code 19118-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Redshift Leadership Occupation (for Individual) Leadership Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2017  
**Transaction ID : VNW3HFG6K49**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> 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 50 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Rutter, Terri, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 25 / 2017
Mailing Address 15 Manello St Apt 309		<b>Transaction ID : VNW3HFB9VG4</b>
City Provincetown	State MA	Zip Code 02657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) MileNino Nonprofit Strategies	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Rutter, Terri, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 01 / 2017
Mailing Address 15 Manello St Apt 309		<b>Transaction ID : VNW3HFBQHE6</b>
City Provincetown	State MA	Zip Code 02657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) MileNino Nonprofit Strategies	Occupation (for Individual) Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sadoff, Carla, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 08 / 2017
Mailing Address 68 N 5th St		<b>Transaction ID : VNW3HFGMD86</b>
City Hudson	State NY	Zip Code 12534-1722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.18
Name of Employer (for Individual) Lumeri	Occupation (for Individual) Business Consultant	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200.18	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.18
<b>TOTAL</b> 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 51 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sadoff, Carla, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 25 / 2017
Mailing Address 68 N 5th St			<b>Transaction ID : VNW3HFJNAG5</b>
City Hudson	State NY	Zip Code 12534-1722	Amount of Each Receipt this Period 1008.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lumeri		Occupation (for Individual) Business Consultant	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2216.18		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sadoff, Carla, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 25 / 2017
Mailing Address 68 N 5th St			<b>Transaction ID : VNW3HFJNAJ0</b>
City Hudson	State NY	Zip Code 12534-1722	Amount of Each Receipt this Period 1008.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lumeri		Occupation (for Individual) Business Consultant	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2216.18		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sample, Elizabeth, L, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2017
Mailing Address 80 Columbus Cir Apt 65C			<b>Transaction ID : VNW3HFHNCX0</b>
City New York	State NY	Zip Code 10023-5800	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Sothebys International Realty		Occupation (for Individual) Real Estate Broker	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7016.00
<b>TOTAL</b> 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 52 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Sandberg, Leslie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Thistlemore Rd  
 City Provincetown State MA Zip Code 02657-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Information Requested Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 30 / 2017**  
**Transaction ID : VNW3HFBR2C5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Sandberg, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Vreeland Ct  
 City Princeton State NJ Zip Code 08540-6760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Out Leadership Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **11 / 27 / 2017**  
**Transaction ID : VNW3HFH5AG7**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Non-contribution account

**C. Sandberg, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 Vreeland Ct  
 City Princeton State NJ Zip Code 08540-6760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Out Leadership Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **12 / 06 / 2017**  
**Transaction ID : VNW3HFHNR2**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	950.00
<b>TOTAL</b> 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 53 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Scanlan, Jenna, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2017
Mailing Address 500 Hillcrest Dr Address Line 2		<b>Transaction ID : VNW3HFD6CE4</b>
City Santa Fe	State NM	Zip Code 87501-1180
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Self	Occupation (for Individual) Mother	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Sears, Todd, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2017
Mailing Address 520 W 43rd St Apt 28A		<b>Transaction ID : VNW3HFGS9R4</b>
City New York	State NY	Zip Code 10036-4355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) Out Leadership, LLC	Occupation (for Individual) Founder and Principal	<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	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Sexton, Mark, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2017
Mailing Address 311 NW 12th Ave Unit 802		<b>Transaction ID : VNW3HFGS565</b>
City Portland	State OR	Zip Code 97209-2995
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) None	Occupation (for Individual) Retired	<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	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> 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 54 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **07 / 19 / 2017**  
**Transaction ID : VNW3HFAK013**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**B. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 19 / 2017**  
**Transaction ID : VNW3HFC6PP7**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**C. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **09 / 19 / 2017**  
**Transaction ID : VNW3HFDJ8N6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 55 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **10 / 19 / 2017**  
**Transaction ID : VNW3HFFG147**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**B. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **11 / 19 / 2017**  
**Transaction ID : VNW3HFGWMG7**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**C. Shore, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9232 Avers Ave  
 City Evanston State IL Zip Code 60203-1502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Metropolitan Water Reclamation District Occupation (for Individual) Commissioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **12 / 19 / 2017**  
**Transaction ID : VNW3HFJ7YJ3**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**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 56 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Skandalis, Bette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Day St  
 City Somerville State MA Zip Code 02144-2823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Commonwealth Financial Network Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 01 / 2017  
**Transaction ID : VNW3HFBQHN9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**B. Smith, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Webster St  
 City Newport State RI Zip Code 02840-4031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 26 / 2017  
**Transaction ID : VNW3HFBEDY2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Smith, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Webster St  
 City Newport State RI Zip Code 02840-4031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Artist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 08 / 09 / 2017  
**Transaction ID : VNW3HFBYE79**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 57 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Smith, Monica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Wing Dr  
 City Cedar Knolls State NJ Zip Code 07927-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Marketsmith, Inc. Occupation (for Individual) Founder & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 01 / 2017**  
**Transaction ID : VNW3HFHEQD2**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Stagliola, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 Neponset Ave  
 City Hyde Park State MA Zip Code 02136-3916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dana Garber Cancer Institute Occupation (for Individual) RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQH47**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University-Wagner School Occupation (for Individual) Professor and Lawyer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 21 / 2017**  
**Transaction ID : VNW3HFB2BQ6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	550.00
<b>TOTAL</b> 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 58 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University-Wagner School Occupation (for Individual) Professor and Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **08 / 21 / 2017**  
**Transaction ID : VNW3HFC6W80**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**B. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University-Wagner School Occupation (for Individual) Professor and Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **09 / 21 / 2017**  
**Transaction ID : VNW3HFDZ0Y4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**C. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University-Wagner School Occupation (for Individual) Professor and Lawyer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 21 / 2017**  
**Transaction ID : VNW3HFFJDZ1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**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 59 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Stark, Martha, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2017
Mailing Address 920 Union St Apt 2D			<b>Transaction ID : VNW3HFH00J2</b>
City Brooklyn	State NY	Zip Code 11215-1619	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) New York University-Wagner School		Occupation (for Individual) Professor and Lawyer	Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Stark, Martha, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2017
Mailing Address 920 Union St Apt 2D			<b>Transaction ID : VNW3HFHA4E9</b>
City Brooklyn	State NY	Zip Code 11215-1619	Amount of Each Receipt this Period 1100.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) New York University-Wagner School		Occupation (for Individual) Professor and Lawyer	Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Stark, Martha, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2017
Mailing Address 920 Union St Apt 2D			<b>Transaction ID : VNW3HFHF313</b>
City Brooklyn	State NY	Zip Code 11215-1619	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) New York University-Wagner School		Occupation (for Individual) Professor and Lawyer	Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2150.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> 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 60 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Stark, Martha, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 920 Union St  
 Apt 2D  
 City Brooklyn State NY Zip Code 11215-1619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New York University-Wagner School Occupation (for Individual) Professor and Lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt **12 / 21 / 2017**  
**Transaction ID : VNW3HFJHKB6**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Non-contribution account

**B. Steinwand, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Perkins St  
 Apt 223  
 City Boston State MA Zip Code 02130-4323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQHY1**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**C. Stickland, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20335 Ventura Blvd  
 Ste 400  
 City Woodland Hills State CA Zip Code 91364-2476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) N/A  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 24 / 2017**  
**Transaction ID : VNW3HFB7CB5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional).....▶ 1300.00  
**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 61 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Stubbs, Rennae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33A Ellwood St  
 City Glen Cove State NY Zip Code 11542-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self Occupation (for Individual) tv host  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **10 / 31 / 2017**  
**Transaction ID : VNW3HFG8Y88**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

**B. Sunblade, Judy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Aberdeen Way Ste 212  
 City Cambridge State MA Zip Code 02138-4658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Monotyre Occupation (for Individual) Sales Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 01 / 2017**  
**Transaction ID : VNW3HFBQH21**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Sweeney, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 Hiram Sq  
 City New Brunswick State NJ Zip Code 08901-1270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Morgan Stanley Occupation (for Individual) Financial Advisor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 02 / 2017**  
**Transaction ID : VNW3HFES705**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 62 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sweeney, Kate, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 06 / 2017
Mailing Address 18 Hiram Sq		<b>Transaction ID : VNW3HFGJ229</b>
City New Brunswick	State NJ	Zip Code 08901-1270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4000.00
Name of Employer (for Individual) Morgan Stanley	Occupation (for Individual) Financial Advisor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Teodosio, LA, , ,</b>		Date of Receipt MM / DD / YYYY 07 / 15 / 2017
Mailing Address 29 Pearl St		<b>Transaction ID : VNW3HFADJ87</b>
City Provincetown	State MA	Zip Code 02657-1503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) Sylvia and Marsha, LLC	Occupation (for Individual) Film Producer	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Tomchin, Joy, , ,</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2017
Mailing Address 252 7th Ave Apt 15D		<b>Transaction ID : VNW3HFGS7N7</b>
City New York	State NY	Zip Code 10001-7348
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 30000.00	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9250.00
<b>TOTAL</b> 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 63 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Turner, Kimberly, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 W Main St  
 City Mechanicsburg State PA Zip Code 17055-3244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Christopher street financial Occupation (for Individual) financial services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 04 / 2017**  
**Transaction ID : VNW3HFHF2W3**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Non-contribution account

**B. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 8000.00

Date of Receipt **08 / 14 / 2017**  
**Transaction ID : VNW3HFC15B5**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 Non-contribution account

**C. Vaid, Urvashi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 W End Ave Apt 10C  
 City New York State NY Zip Code 10023-3664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 9000.00

Date of Receipt **11 / 15 / 2017**  
**Transaction ID : VNW3HFGS845**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6500.00
<b>TOTAL</b> 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 64 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Vogel, Erin, , ,</b>		Date of Receipt MM / DD / YYYY <b>07 / 22 / 2017</b>
Mailing Address 1616 W Montrose Ave Apt 2F		<b>Transaction ID : VNW3HFB6DR2</b>
City Chicago	State IL	Zip Code 60613-1796
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>600.00</b>	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Vogel, Erin, , ,</b>		Date of Receipt MM / DD / YYYY <b>08 / 22 / 2017</b>
Mailing Address 1616 W Montrose Ave Apt 2F		<b>Transaction ID : VNW3HFCAK49</b>
City Chicago	State IL	Zip Code 60613-1796
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>700.00</b>	<input type="checkbox"/> Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vogel, Erin, , ,</b>		Date of Receipt MM / DD / YYYY <b>09 / 22 / 2017</b>
Mailing Address 1616 W Montrose Ave Apt 2F		<b>Transaction ID : VNW3HFE02D2</b>
City Chicago	State IL	Zip Code 60613-1796
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>100.00</b>
Name of Employer (for Individual) Publicis Media	Occupation (for Individual) Content Marketing	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>800.00</b>	<input type="checkbox"/> Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 65 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Vogel, Erin, , ,</b>			Date of Receipt MM / DD / YYYY <b>10 / 22 / 2017</b>
Mailing Address 1616 W Montrose Ave Apt 2F			<b>Transaction ID : VNW3HFFJFM0</b>
City Chicago	State IL	Zip Code 60613-1796	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Publicis Media		Occupation (for Individual) Content Marketing	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>900.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Vogel, Erin, , ,</b>			Date of Receipt MM / DD / YYYY <b>11 / 22 / 2017</b>
Mailing Address 1616 W Montrose Ave Apt 2F			<b>Transaction ID : VNW3HFH4Q17</b>
City Chicago	State IL	Zip Code 60613-1796	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Publicis Media		Occupation (for Individual) Content Marketing	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1000.00</b>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Vogel, Erin, , ,</b>			Date of Receipt MM / DD / YYYY <b>12 / 22 / 2017</b>
Mailing Address 1616 W Montrose Ave Apt 2F			<b>Transaction ID : VNW3HFJG17</b>
City Chicago	State IL	Zip Code 60613-1796	Amount of Each Receipt this Period <b>100.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Publicis Media		Occupation (for Individual) Content Marketing	<input type="checkbox"/> Non-contribution account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <b>1100.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 66 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Walker, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 2nd St SE  
 Apt 704  
 City Minneapolis State MN Zip Code 55414-5138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Provincetown Film Society Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2017  
**Transaction ID : VNW3HFAK2S6**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**B. Walters, Suzanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Appleton St  
 Apt 103  
 City Boston State MA Zip Code 02116-5228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Northeastern University Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2017  
**Transaction ID : VNW3HFBGY57**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**C. Walton, TJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 153 Commercial St  
 City Provincetown State MA Zip Code 02657-2033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) tj walton gallery Occupation (for Individual) painter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2017  
**Transaction ID : VNW3HFB9Z62**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Non-contribution account

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 67 OF 138
<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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Weinberg, Janet, I, ,</b>			Date of Receipt
Mailing Address 315 W 23rd St Apt 8D			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10011-2253	<b>Transaction ID : VNW3HFH54G4</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) The Educational Alliance		Occupation (for Individual) Executive VP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Weiner, Shari, , ,</b>			Date of Receipt
Mailing Address 30 E 81st St Apt 3E			<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10028-0247	<b>Transaction ID : VNW3HFF7ZY5</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer (for Individual) Murphy Mckeon PC		Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		Non-contribution account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Wilkerson, Amy, , ,</b>			Date of Receipt
Mailing Address 530 E 84th St Apt 4S			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2017"/>
City New York	State NY	Zip Code 10028-7354	<b>Transaction ID : VNW3HFHF2Z7</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer (for Individual) The Rockefeller University		Occupation (for Individual) University administrator	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>		Non-contribution account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 68 OF 138  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Williams, Gail, , ,  
 Mailing Address 1000 S Pointe Dr  
Apt 2101  
 City Miami Beach State FL Zip Code 33139-7348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Williams McCall Gallery Occupation (for Individual) Owner  
 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  
 08 / 01 / 2017  
**Transaction ID : VNW3HFBQHK4**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 Non-contribution account

**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 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 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)..... ▶ 260501.01

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Bankcard</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>03</td> <td></td> <td>2017</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	07		03		2017
M M M	/	D D D	/	Y Y Y Y Y									
07		03		2017									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	<b>C</b>										
Purpose of Disbursement CC Processing Fees		Transaction ID : VNV499WEX											
Candidate Name		Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		13.74											
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. Bankcard</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>02</td> <td></td> <td>2017</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	08		02		2017
M M M	/	D D D	/	Y Y Y Y Y									
08		02		2017									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	<b>C</b>										
Purpose of Disbursement CC Processing Fees		Transaction ID : VNV499WEY											
Candidate Name		Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		15.55											
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. Bankcard</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>02</td> <td></td> <td>2017</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y	11		02		2017
M M M	/	D D D	/	Y Y Y Y Y									
11		02		2017									
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number											
City Agoura Hills	State CA	Zip Code 91301-4574	<b>C</b>										
Purpose of Disbursement CC Processing Fees		Transaction ID : VNV499WEY											
Candidate Name		Amount of Each Disbursement this Period											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		11.25											
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item											
State: District:													

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

40.54

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Bankcard**

Mailing Address 28720 Roadside Dr  
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

Purpose of Disbursement  
CC Processing Fees

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VNV499WEY;**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Harmon, Curran, Spielberg & Eisenberg, LLC**

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VNV499WEXF**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Harmon, Curran, Spielberg & Eisenberg, LLC**

Mailing Address 1726 M St NW  
Ste 600

City Washington State DC Zip Code 20036-4523

Purpose of Disbursement  
Legal Fees

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : VNV499WEX**  
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 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

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NAME OF COMMITTEE (In Full)

L PAC

Full Name (Last, First, Middle Initial)

**A. Gina Ortiz Jones for Congress**

Mailing Address PO Box 769186

City  
San Antonio

State  
TX

Zip Code  
78245-9186

Purpose of Disbursement  
Contribution

Candidate Name

Ortiz Jones, Gina, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2017					

FEC Identification Number

C C00652297

**Transaction ID : VNV499WEY:**  
Amount of Each Disbursement this Period

1000.00

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

Disbursement For:  
 Primary  General  
 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:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 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).....▶

1000.00

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 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Adams 4 Delegate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25331

City Richmond State VA Zip Code 23260-5331

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEYI

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Allison Strategic Consulting**

Full Name (Last, First, Middle Initial)

Mailing Address 211 Pound Ridge Rd

City Bedford State NY Zip Code 10506-1238

Purpose of Disbursement Management Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WENI

Amount of Each Disbursement this Period: 19705.00

Memo Item

**C. Amazon**

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 7.30

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 20712.30

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Amazon**

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 71.90

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Amazon**

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 44.98

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Amazon**

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 34.36

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 151.24

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Amazon**

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 5.00

Memo Item

**B. Amazon**

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 17.94

Memo Item

**C. Amazon**

Full Name (Last, First, Middle Initial)

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 31.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 54.60

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Amazon**

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: **C**

Transaction ID : VNV499WERI

Amount of Each Disbursement this Period: 11.54

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Amazon**

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: **C**

Transaction ID : VNV499WERI

Amount of Each Disbursement this Period: 14.88

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Amazon**

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 21 / 2017

FEC Identification Number: **C**

Transaction ID : VNV499WERI

Amount of Each Disbursement this Period: 14.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 41.20

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Amazon</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2017
Mailing Address 410 Terry Ave N		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WER'</b> Amount of Each Disbursement this Period [REDACTED] 35.97 Non-Contribution Account <input type="checkbox"/> Memo Item
City Seattle	State WA	Zip Code 98109-5210
Purpose of Disbursement Office supplies		Category/ Type [REDACTED]
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>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017
Mailing Address 4333 Amon Carter Blvd # MD5675		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEP'</b> Amount of Each Disbursement this Period [REDACTED] 200.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Fundraising Travel		Category/ Type [REDACTED]
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>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 07 / 12 / 2017
Mailing Address 4333 Amon Carter Blvd # MD5675		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEP'</b> Amount of Each Disbursement this Period [REDACTED] 246.80 Non-Contribution Account <input type="checkbox"/> Memo Item
City Fort Worth	State TX	Zip Code 76155-2605
Purpose of Disbursement Fundraising Travel		Category/ Type [REDACTED]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 482.77
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement MM / DD / YYYY 07 / 31 / 2017	
Mailing Address 4333 Amon Carter Blvd # MD5675			FEC Identification Number C [REDACTED]	
City Fort Worth	State TX	Zip Code 76155-2605	Transaction ID : VNV499WEP/ Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Airfare		Candidate Name	Non-Contribution Account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement MM / DD / YYYY 08 / 02 / 2017	
Mailing Address 4333 Amon Carter Blvd # MD5675			FEC Identification Number C [REDACTED]	
City Fort Worth	State TX	Zip Code 76155-2605	Transaction ID : VNV499WEPE/ Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Airfare		Candidate Name	Non-Contribution Account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>			Date of Disbursement MM / DD / YYYY 10 / 04 / 2017	
Mailing Address 201 I St NE			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20002-4449	Transaction ID : VNV499WEQ/ Amount of Each Disbursement this Period 98.00	
Purpose of Disbursement Travel - Train		Candidate Name	Non-Contribution Account	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	148.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address 201 I St NE				
City Washington		State DC	Zip Code 20002-4449	
Purpose of Disbursement Travel - Train			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
FEC Identification Number <b>C</b>			Transaction ID : <b>VNV499WEQ</b>	
Amount of Each Disbursement this Period			49.00	
<input type="checkbox"/> Memo Item			<input type="checkbox"/> Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>			Date of Disbursement MM / DD / YYYY 10 / 25 / 2017	
Mailing Address 201 I St NE				
City Washington		State DC	Zip Code 20002-4449	
Purpose of Disbursement Travel - Train			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
FEC Identification Number <b>C</b>			Transaction ID : <b>VNV499WEQ</b>	
Amount of Each Disbursement this Period			3.50	
<input type="checkbox"/> Memo Item			<input type="checkbox"/> Non-Contribution Account	

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>			Date of Disbursement MM / DD / YYYY 11 / 24 / 2017	
Mailing Address 201 I St NE				
City Washington		State DC	Zip Code 20002-4449	
Purpose of Disbursement Travel - Train			<input type="checkbox"/> Category/Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General	
FEC Identification Number <b>C</b>			Transaction ID : <b>VNV499WEQ</b>	
Amount of Each Disbursement this Period			122.00	
<input type="checkbox"/> Memo Item			<input type="checkbox"/> Non-Contribution Account	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	174.50
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Amtrak**

Full Name (Last, First, Middle Initial)

Mailing Address 201 I St NE

City Washington State DC Zip Code 20002-4449

Purpose of Disbursement Travel - Train

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEQ

Amount of Each Disbursement this Period: 167.00

Memo Item

**B. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement CC Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 05 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEPC

Amount of Each Disbursement this Period: 40.00

Memo Item

**C. Authorize.net**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement CC Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 02 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEP

Amount of Each Disbursement this Period: 40.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 247.00

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEP.</b> Amount of Each Disbursement this Period 40.00
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement CC Processing Fees		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEP.</b> Amount of Each Disbursement this Period 479.57
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement CC Processing Fees		Category/ Type
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address PO Box 8999		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEP.</b> Amount of Each Disbursement this Period 40.00
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement CC Processing Fees		Category/ Type
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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	559.57
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address PO Box 8999		FEC Identification Number <b>C</b>
City San Francisco	State CA	
Purpose of Disbursement CC Processing Fees		Transaction ID : <b>VNV499WEPI</b>
Candidate Name		Amount of Each Disbursement this Period 40.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address PO Box 8999		FEC Identification Number <b>C</b>
City San Francisco	State CA	
Purpose of Disbursement CC Processing Fees		Transaction ID : <b>VNV499WEPI</b>
Candidate Name		Amount of Each Disbursement this Period 40.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bankcard</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2017
Mailing Address 28720 Roadside Dr Ste 299		FEC Identification Number <b>C</b>
City Agoura Hills	State CA	
Purpose of Disbursement CC Processing Fees		Transaction ID : <b>VNV499WEP</b>
Candidate Name		Amount of Each Disbursement this Period 3555.82
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

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

3635.82

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Bankcard**

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr  
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

Purpose of Disbursement  
CC Processing Fees

Candidate Name

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

State: District:

Date of Disbursement: 08 / 02 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEPI

Amount of Each Disbursement this Period: 1599.05

Memo Item

**B. Bankcard**

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr  
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

Purpose of Disbursement  
CC Processing Fees

Candidate Name

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

State: District:

Date of Disbursement: 09 / 05 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEP5

Amount of Each Disbursement this Period: 1195.38

Memo Item

**C. Bankcard**

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr  
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

Purpose of Disbursement  
CC Processing Fees

Candidate Name

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

State: District:

Date of Disbursement: 11 / 02 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEP

Amount of Each Disbursement this Period: 858.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3652.78

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Bankcard**

Full Name (Last, First, Middle Initial)

Mailing Address 28720 Roadside Dr  
Ste 299

City Agoura Hills State CA Zip Code 91301-4574

Purpose of Disbursement CC Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEP

Amount of Each Disbursement this Period: 1426.38

Memo Item

**B. Benjamin, Erica, J, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1416 Hampshire West Ct  
Apt 13

City Silver Spring State MD Zip Code 20903-2523

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEXC

Amount of Each Disbursement this Period: 1326.75

Memo Item

**C. Benjamin, Erica, J, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1416 Hampshire West Ct  
Apt 13

City Silver Spring State MD Zip Code 20903-2523

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEW

Amount of Each Disbursement this Period: 1326.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4079.89

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Benjamin, Erica, J, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499WEXI</b> Amount of Each Disbursement this Period 1326.76 Non-Contribution Account <input type="checkbox"/> Memo Item
City Silver Spring	State MD	
Zip Code 20903-2523	Purpose of Disbursement Salary	Category/ Type
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>B. Benjamin, Erica, J, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 30 / 2017
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499WEW</b> Amount of Each Disbursement this Period 1326.75 Non-Contribution Account <input type="checkbox"/> Memo Item
City Silver Spring	State MD	
Zip Code 20903-2523	Purpose of Disbursement Salary	Category/ Type
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>C. Benjamin, Erica, J, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number <b>C</b> Transaction ID : <b>VNV499WEX</b> Amount of Each Disbursement this Period 1326.75 Non-Contribution Account <input type="checkbox"/> Memo Item
City Silver Spring	State MD	
Zip Code 20903-2523	Purpose of Disbursement Salary	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3980.26
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Benjamin, Erica, J, ,</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2017	
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WGC</b> Amount of Each Disbursement this Period 1485.79	
City Silver Spring	State MD	Zip Code 20903-2523	Category/ Type
Purpose of Disbursement Salary		Memo Item <input type="checkbox"/>	
Candidate Name			Non-Contribution Account <input type="checkbox"/>
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>B. Benjamin, Erica, J, ,</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017	
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEXF</b> Amount of Each Disbursement this Period 1485.79	
City Silver Spring	State MD	Zip Code 20903-2523	Category/ Type
Purpose of Disbursement Salary		Memo Item <input type="checkbox"/>	
Candidate Name			Non-Contribution Account <input type="checkbox"/>
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>C. Benjamin, Erica, J, ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017	
Mailing Address 1416 Hampshire West Ct Apt 13		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEW</b> Amount of Each Disbursement this Period 1485.79	
City Silver Spring	State MD	Zip Code 20903-2523	Category/ Type
Purpose of Disbursement Salary		Memo Item <input type="checkbox"/>	
Candidate Name			Non-Contribution Account <input type="checkbox"/>
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)..... ▶

4457.37

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Benjamin, Erica, J, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1416 Hampshire West Ct  
Apt 13

City Silver Spring State MD Zip Code 20903-2523

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 12 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEX

Amount of Each Disbursement this Period: 1485.79

Memo Item

**B. Benjamin, Erica, J, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1416 Hampshire West Ct  
Apt 13

City Silver Spring State MD Zip Code 20903-2523

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEX

Amount of Each Disbursement this Period: 1485.79

Memo Item

**C. Benjamin, Erica, J, ,**

Full Name (Last, First, Middle Initial)

Mailing Address 1416 Hampshire West Ct  
Apt 13

City Silver Spring State MD Zip Code 20903-2523

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEX

Amount of Each Disbursement this Period: 1485.81

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4457.39

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Benjamin, Erica, J, ,</b>			Date of Disbursement MM / DD / YYYY <b>11 / 30 / 2017</b>	
Mailing Address <b>1416 Hampshire West Ct Apt 13</b>			FEC Identification Number <b>C</b>	
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20903-2523</b>	Transaction ID : <b>VNV499WEXI</b>	
Purpose of Disbursement <b>Salary</b>		Candidate Name	Amount of Each Disbursement this Period <b>1485.79</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Benjamin, Erica, J, ,</b>			Date of Disbursement MM / DD / YYYY <b>12 / 14 / 2017</b>	
Mailing Address <b>1416 Hampshire West Ct Apt 13</b>			FEC Identification Number <b>C</b>	
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20903-2523</b>	Transaction ID : <b>VNV499WEXI</b>	
Purpose of Disbursement <b>Salary</b>		Candidate Name	Amount of Each Disbursement this Period <b>1485.79</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Benjamin, Erica, J, ,</b>			Date of Disbursement MM / DD / YYYY <b>12 / 28 / 2017</b>	
Mailing Address <b>1416 Hampshire West Ct Apt 13</b>			FEC Identification Number <b>C</b>	
City <b>Silver Spring</b>	State <b>MD</b>	Zip Code <b>20903-2523</b>	Transaction ID : <b>VNV499WEXI</b>	
Purpose of Disbursement <b>Salary</b>		Candidate Name	Amount of Each Disbursement this Period <b>1485.79</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Non-Contribution Account <input type="checkbox"/> Memo Item	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

**4457.37**

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			
City Washington	State DC	Zip Code 20037-1408	
Purpose of Disbursement Talent Travel		Category/Type <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:			
		FEC Identification Number C <b>Transaction ID : VNV499WEVI</b> Amount of Each Disbursement this Period 156.24 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			
City Washington	State DC	Zip Code 20037-1408	
Purpose of Disbursement Talent Travel		Category/Type <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:			
		FEC Identification Number C <b>Transaction ID : VNV499WEVI</b> Amount of Each Disbursement this Period 164.01 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			
City Washington	State DC	Zip Code 20037-1408	
Purpose of Disbursement Talent Travel		Category/Type <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:			
		FEC Identification Number C <b>Transaction ID : VNV499WEVI</b> Amount of Each Disbursement this Period 104.46 <input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item	

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

424.71

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b>
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Talent Travel		Amount of Each Disbursement this Period [REDACTED] 139.27
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		<input type="checkbox"/> Non-Contribution Account

Full Name (Last, First, Middle Initial) <b>B. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVC</b>
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Talent Travel		Amount of Each Disbursement this Period [REDACTED] 151.27
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		<input type="checkbox"/> Non-Contribution Account

Full Name (Last, First, Middle Initial) <b>C. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV</b>
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Talent Travel		Amount of Each Disbursement this Period [REDACTED] 166.88
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Memo Item
State: District:		<input type="checkbox"/> Non-Contribution Account

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 457.42
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV.</b> Amount of Each Disbursement this Period [REDACTED] 86.46 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20037-1408	Category/ Type [REDACTED]
Purpose of Disbursement Talent Travel		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>B. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV.</b> Amount of Each Disbursement this Period [REDACTED] 143.41 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20037-1408	Category/ Type [REDACTED]
Purpose of Disbursement Talent Travel		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>C. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV.</b> Amount of Each Disbursement this Period [REDACTED] 136.54 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20037-1408	Category/ Type [REDACTED]
Purpose of Disbursement Talent Travel		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)..... ▶

[REDACTED] 366.41

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b> Amount of Each Disbursement this Period [REDACTED] 149.61 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20037-1408		
Purpose of Disbursement Talent Travel			[REDACTED] Category/Type	
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) ▼		[REDACTED] State: District:	

Full Name (Last, First, Middle Initial) <b>B. BLS Limos</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b> Amount of Each Disbursement this Period [REDACTED] 138.41 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20037-1408		
Purpose of Disbursement Talent Travel			[REDACTED] Category/Type	
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) ▼		[REDACTED] State: District:	

Full Name (Last, First, Middle Initial) <b>C. BLS Limos</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b> Amount of Each Disbursement this Period [REDACTED] 86.46 Non-Contribution Account <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20037-1408		
Purpose of Disbursement Talent Travel			[REDACTED] Category/Type	
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) ▼		[REDACTED] State: District:	

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

[REDACTED] 374.48

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b>
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Talent Travel		Amount of Each Disbursement this Period [REDACTED] 136.54
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b>
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Talent Travel		Amount of Each Disbursement this Period [REDACTED] 139.27
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BLS Limos</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2017
Mailing Address 2401 M St NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEVI</b>
City Washington	State DC	Zip Code 20037-1408
Purpose of Disbursement Talent Travel		Amount of Each Disbursement this Period [REDACTED] 151.27
Candidate Name		Category/Type [REDACTED]
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 427.08
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. BLS Limos</b>			Date of Disbursement MM / DD / YYYY 07 / 05 / 2017	
Mailing Address 2401 M St NW			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20037-1408	Transaction ID : VNV499WEV	
Purpose of Disbursement Talent Travel			Amount of Each Disbursement this Period 156.24	
Candidate Name			Non-Contribution Account	
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) ▼		Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. BLS Limos</b>			Date of Disbursement MM / DD / YYYY 07 / 17 / 2017	
Mailing Address 2401 M St NW			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20037-1408	Transaction ID : VNV499WEV	
Purpose of Disbursement Talent Travel			Amount of Each Disbursement this Period 364.44	
Candidate Name			Non-Contribution Account	
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) ▼		Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Carefirst Bluecross/Blueshield</b>			Date of Disbursement MM / DD / YYYY 07 / 10 / 2017	
Mailing Address 840 1st St NE			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20065-0002	Transaction ID : VNV499WEQ	
Purpose of Disbursement Health insurance			Amount of Each Disbursement this Period 802.40	
Candidate Name			Non-Contribution Account	
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) ▼		Memo Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1323.08
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEQ

Amount of Each Disbursement this Period: 44.76

Memo Item

**B. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEN

Amount of Each Disbursement this Period: 802.40

Memo Item

**C. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEQ

Amount of Each Disbursement this Period: 44.76

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 891.92

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: C

Transaction ID : VNV499WENI

Amount of Each Disbursement this Period: 802.40

Memo Item

**B. Carefirst Bluecross/Blueshield**

Full Name (Last, First, Middle Initial)

Mailing Address 840 1st St NE

City Washington State DC Zip Code 20065-0002

Purpose of Disbursement Health insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEQI

Amount of Each Disbursement this Period: 44.76

Memo Item

**C. Carr Workplace**

Full Name (Last, First, Middle Initial)

Mailing Address 1001 G St NW Ste 800

City Washington State DC Zip Code 20001-4545

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEN

Amount of Each Disbursement this Period: 3009.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3856.56

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. Carr Workplace**

Mailing Address 1001 G St NW  
Ste 800

City  
Washington

State  
DC

Zip Code  
20001-4545

Purpose of Disbursement  
Printing

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			16			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VNV499WEN**  
Amount of Each Disbursement this Period  
[Redacted] 5.60

Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. ClickMeeting**

Mailing Address ul. Arkonska 6

City  
Gdansk

State  
ZZ

Zip Code  
80387

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VNV499WET**  
Amount of Each Disbursement this Period  
[Redacted] 79.00

Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. CNA**

Mailing Address 1 Meridian Blvd  
Ste 3A01

City  
Wyomissing

State  
PA

Zip Code  
19610-3235

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2017			

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VNV499WEQ**  
Amount of Each Disbursement this Period  
[Redacted] 530.10

Non-Contribution Account  
 Memo Item

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

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

[Redacted]	614.70
[Redacted]	



**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)  
**L PAC**

Full Name (Last, First, Middle Initial)

**A. CNA**

Mailing Address 1 Meridian Blvd  
Ste 3A01

City  
Wyomissing

State  
PA

Zip Code  
19610-3235

Purpose of Disbursement  
Insurance

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
0	8			0	2			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VNV499WEQ**  
Amount of Each Disbursement this Period  
[Redacted] 276.43

Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. CNA**

Mailing Address 1 Meridian Blvd  
Ste 3A01

City  
Wyomissing

State  
PA

Zip Code  
19610-3235

Purpose of Disbursement  
Insurance

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
0	9			0	1			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VNV499WER**  
Amount of Each Disbursement this Period  
[Redacted] 276.43

Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. CNA**

Mailing Address 1 Meridian Blvd  
Ste 3A01

City  
Wyomissing

State  
PA

Zip Code  
19610-3235

Purpose of Disbursement  
Insurance

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
1	0			0	3			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : VNV499WER**  
Amount of Each Disbursement this Period  
[Redacted] 276.43

Non-Contribution Account  
 Memo Item

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

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

8	2	9	.	2	9
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**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. CNA**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Meridian Blvd  
Ste 3A01

City Wyomissing State PA Zip Code 19610-3235

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER:

Amount of Each Disbursement this Period: 276.43

Memo Item

**B. CNA**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Meridian Blvd  
Ste 3A01

City Wyomissing State PA Zip Code 19610-3235

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER:

Amount of Each Disbursement this Period: 276.43

Memo Item

**C. Collective Conscience LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 2801 Sherman Ave NW

City Washington State DC Zip Code 20001-3921

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEN:

Amount of Each Disbursement this Period: 6732.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7284.86

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. Collective Conscience LLC**

Mailing Address 2801 Sherman Ave NW

City Washington State DC Zip Code 20001-3921

Purpose of Disbursement Communications Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 17 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEN

Amount of Each Disbursement this Period: 6450.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Collective Conscience LLC**

Mailing Address 2801 Sherman Ave NW

City Washington State DC Zip Code 20001-3921

Purpose of Disbursement Digital Consultants

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 17 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEPV

Amount of Each Disbursement this Period: 0.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Elizabeth Guzman for Delegate**

Mailing Address PO Box 1818

City Woodbridge State VA Zip Code 22195-1818

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
10 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEY

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7450.00

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017
Mailing Address 1350 New York Ave NW		FEC Identification Number <b>C</b> Transaction ID : VNV499WES Amount of Each Disbursement this Period 6.33 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-4709	Purpose of Disbursement Shipping	Category/ Type
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>B. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 07 / 17 / 2017
Mailing Address 1350 New York Ave NW		FEC Identification Number <b>C</b> Transaction ID : VNV499WES Amount of Each Disbursement this Period 12.87 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-4709	Purpose of Disbursement Shipping	Category/ Type
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>C. Fedex Office</b>		Date of Disbursement MM / DD / YYYY 07 / 24 / 2017
Mailing Address 1350 New York Ave NW		FEC Identification Number <b>C</b> Transaction ID : VNV499WES Amount of Each Disbursement this Period 12.49 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	
Zip Code 20005-4709	Purpose of Disbursement Shipping	Category/ Type
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)..... ▶

31.69

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Fedex Office**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 New York Ave NW

City Washington State DC Zip Code 20005-4709

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 6.87

Memo Item

**B. Fedex Office**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 New York Ave NW

City Washington State DC Zip Code 20005-4709

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 29 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET0

Amount of Each Disbursement this Period: 3.44

Memo Item

**C. Fedex Office**

Full Name (Last, First, Middle Initial)

Mailing Address 1350 New York Ave NW

City Washington State DC Zip Code 20005-4709

Purpose of Disbursement Shipping

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET

Amount of Each Disbursement this Period: 44.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 54.60

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Friends of Danica Roem**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 726

City Manassas State VA Zip Code 20113-0726

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEY

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Google**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Email hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499WETZ

Amount of Each Disbursement this Period: 2.37

Memo Item

**C. Google**

Full Name (Last, First, Middle Initial)

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View State CA Zip Code 94043-1351

Purpose of Disbursement Email hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 06 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEV

Amount of Each Disbursement this Period: 30.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1032.37

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV'</b> Amount of Each Disbursement this Period [REDACTED] 30.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email hosting		Category/ Type [REDACTED]
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>B. Google</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV2</b> Amount of Each Disbursement this Period [REDACTED] 30.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email hosting		Category/ Type [REDACTED]
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>C. Google</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV</b> Amount of Each Disbursement this Period [REDACTED] 30.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email hosting		Category/ Type [REDACTED]
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)..... ▶

[REDACTED] 90.00

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Google</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b>
City Mountain View	State CA	
Purpose of Disbursement Email hosting		Transaction ID : <b>VNV499WEV4</b>
Candidate Name		Amount of Each Disbursement this Period 30.00
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Google</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number <b>C</b>
City Mountain View	State CA	
Purpose of Disbursement Email hosting		Transaction ID : <b>VNV499WEV5</b>
Candidate Name		Amount of Each Disbursement this Period 31.73
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b>
City Washington	State DC	
Purpose of Disbursement Legal Fees		Transaction ID : <b>VNV499WEN</b>
Candidate Name		Amount of Each Disbursement this Period 332.50
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	394.23
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Transaction ID : <b>VNV499WEN!</b>
Candidate Name		Amount of Each Disbursement this Period 475.95
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Transaction ID : <b>VNV499WEN!</b>
Candidate Name		Amount of Each Disbursement this Period 432.25
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2017
Mailing Address 1726 M St NW Ste 600		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20036-4523
Purpose of Disbursement Legal Fees		Transaction ID : <b>VNV499WEN!</b>
Candidate Name		Amount of Each Disbursement this Period 332.50
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1240.70
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Harmon, Curran, Spielberg &amp; Eisenberg, LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 10 / 2017	
Mailing Address 1726 M St NW Ste 600			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20036-4523	Transaction ID : <b>VNV499WEN</b>	
Purpose of Disbursement Legal Fees		Category/ Type	Amount of Each Disbursement this Period 332.50	
Candidate Name			Non-Contribution Account	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jennifer Carroll Foy for Delegate</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address 2715 McGuffeys Ct			FEC Identification Number <b>C</b>	
City Woodbridge	State VA	Zip Code 22191-5103	Transaction ID : <b>VNV499WEY</b>	
Purpose of Disbursement Contribution		Category/ Type	Amount of Each Disbursement this Period 1000.00	
Candidate Name			Non-Contribution Account	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Kelly Fowler for Delegate</b>			Date of Disbursement MM / DD / YYYY 10 / 23 / 2017	
Mailing Address PO Box 6769			FEC Identification Number <b>C</b>	
City Virginia Beach	State VA	Zip Code 23456-0769	Transaction ID : <b>VNV499WEY</b>	
Purpose of Disbursement Contribution		Category/ Type	Amount of Each Disbursement this Period 1000.00	
Candidate Name			Non-Contribution Account	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2332.50
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Khoo, Emily, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 405 W 55th St

City New York State NY Zip Code 10019-4402

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEX

Amount of Each Disbursement this Period: 2225.00

Memo Item

**B. Log On Computer**

Full Name (Last, First, Middle Initial)

Mailing Address 1611 W Andrew Johnson Hwy

City Morristown State TN Zip Code 37814-3771

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 17 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEZ1

Amount of Each Disbursement this Period: 1360.00

Memo Item

**C. Mida, Jason, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 526 12th St NE

City Washington State DC Zip Code 20002-6310

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEX

Amount of Each Disbursement this Period: 15000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18585.00

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Mida, Jason, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 526 12th St NE

City Washington State DC Zip Code 20002-6310

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 30 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEXI

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Murphy for Governor**

Full Name (Last, First, Middle Initial)

Mailing Address 1 Gateway Ctr Ste 511

City Newark State NJ Zip Code 07102-5320

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEYI

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. NGP VAN, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database Subscription

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET

Amount of Each Disbursement this Period: 150.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6150.00

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017	
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-5006	<b>Transaction ID : VNV499WENI</b>
Purpose of Disbursement Database Subscription		Category/ Type	Amount of Each Disbursement this Period 1050.00
Candidate Name			<input type="checkbox"/> Non-Contribution Account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2017	
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-5006	<b>Transaction ID : VNV499WENI</b>
Purpose of Disbursement Database Subscription		Category/ Type	Amount of Each Disbursement this Period 1200.00
Candidate Name			<input type="checkbox"/> Non-Contribution Account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017	
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005-5006	<b>Transaction ID : VNV499WET</b>
Purpose of Disbursement Database Subscription		Category/ Type	Amount of Each Disbursement this Period 150.00
Candidate Name			<input type="checkbox"/> Non-Contribution Account
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) ▼		<input type="checkbox"/> Memo Item
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2400.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Office Depot**

Full Name (Last, First, Middle Initial)

Mailing Address 2455 Paces Ferry Rd SE

City Atlanta State GA Zip Code 30339-1834

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 98.00

Memo Item

**B. Office Depot**

Full Name (Last, First, Middle Initial)

Mailing Address 2455 Paces Ferry Rd SE

City Atlanta State GA Zip Code 30339-1834

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 20.71

Memo Item

**C. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website Hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEW

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 143.71

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website Hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEW

Amount of Each Disbursement this Period: 25.00

Memo Item

**B. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Graphic Design

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 17 / 2017

FEC Identification Number: C

Transaction ID : VNV499WENI

Amount of Each Disbursement this Period: 45.00

Memo Item

**C. Olive Street Design**

Full Name (Last, First, Middle Initial)

Mailing Address 264 E Kenilworth Ave

City Villa Park State IL Zip Code 60181-5502

Purpose of Disbursement Website Hosting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 05 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEW

Amount of Each Disbursement this Period: 25.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 95.00

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2017
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEW</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period [REDACTED] 195.00
Candidate Name		<input type="checkbox"/> Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEW</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 11 / 03 / 2017
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEW</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period [REDACTED] 25.00
Candidate Name		<input type="checkbox"/> Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 245.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Olive Street Design</b>		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address 264 E Kenilworth Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEW</b>
City Villa Park	State IL	Zip Code 60181-5502
Purpose of Disbursement Website Hosting		Amount of Each Disbursement this Period 25.00
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WES4</b>
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll processing		Amount of Each Disbursement this Period 124.93
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WES</b>
City Rochester	State NY	Zip Code 14625-2396
Purpose of Disbursement Payroll Taxes		Amount of Each Disbursement this Period 3061.62
Candidate Name		Non-Contribution Account <input type="checkbox"/> Memo Item
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3211.55
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 5902.68

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 102.72

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 102.72

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6108.12

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES.

Amount of Each Disbursement this Period: 4051.64

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES7

Amount of Each Disbursement this Period: 102.72

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 5902.68

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10057.04

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b>
City Rochester	State NY	
Purpose of Disbursement Payroll processing	Zip Code 14625-2396	Amount of Each Disbursement this Period 111.44
Candidate Name	Category/Type	Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b>
City Rochester	State NY	
Purpose of Disbursement Payroll Taxes	Zip Code 14625-2396	Amount of Each Disbursement this Period 3061.62
Candidate Name	Category/Type	Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2017
Mailing Address 911 Panorama Trl S		FEC Identification Number <b>C</b>
City Rochester	State NY	
Purpose of Disbursement Payroll processing	Zip Code 14625-2396	Amount of Each Disbursement this Period 111.44
Candidate Name	Category/Type	Non-Contribution Account
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3284.50
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES/

Amount of Each Disbursement this Period: 3088.95

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES/

Amount of Each Disbursement this Period: 133.61

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES/

Amount of Each Disbursement this Period: 644.79

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3867.35

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 111.40

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 644.79

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES

Amount of Each Disbursement this Period: 644.77

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1400.96

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WESI</b>	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 174.85
Purpose of Disbursement Payroll processing		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
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>B. Paychex</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WESI</b>	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 111.40
Purpose of Disbursement Payroll processing		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
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>C. Paychex</b>		Date of Disbursement MM / DD / YYYY 12 / 01 / 2017	
Mailing Address 911 Panorama Trl S		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WESI</b>	
City Rochester	State NY	Zip Code 14625-2396	Amount of Each Disbursement this Period 644.79
Purpose of Disbursement Payroll Taxes		Category/ Type	Non-Contribution Account <input type="checkbox"/> Memo Item
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	931.04
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES1

Amount of Each Disbursement this Period: 111.40

Memo Item

**B. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 15 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES1

Amount of Each Disbursement this Period: 644.79

Memo Item

**C. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll processing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES1

Amount of Each Disbursement this Period: 111.40

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 867.59

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Paychex**

Full Name (Last, First, Middle Initial)

Mailing Address 911 Panorama Trl S

City Rochester State NY Zip Code 14625-2396

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2017

FEC Identification Number: C

Transaction ID : VNV499WES1

Amount of Each Disbursement this Period: 644.79

Memo Item

**B. PLANNED PARENTHOOD ACTION FUND INC. PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 434 W 33rd St

City New York State NY Zip Code 10001-2601

Purpose of Disbursement Other Income

Candidate Name PLANNED PARENTHOOD ACTION FUND INC. PAC

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 04 / 2017

FEC Identification Number: C C00314617

Transaction ID : VNV499WES3

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. PoliOps, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1572

City Glen Allen State VA Zip Code 23060-1572

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEN

Amount of Each Disbursement this Period: 2100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7744.79

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. PoliOps, LLC**

Mailing Address **PO Box 1572**

City **Glen Allen** State **VA** Zip Code **23060-1572**

Purpose of Disbursement  
**Compliance Consulting**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **08 / 07 / 2017**

FEC Identification Number: **C**  
**Transaction ID : VNV499WEN!**  
Amount of Each Disbursement this Period: **2100.00**  
 Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. PoliOps, LLC**

Mailing Address **PO Box 1572**

City **Glen Allen** State **VA** Zip Code **23060-1572**

Purpose of Disbursement  
**Compliance Consulting**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **09 / 08 / 2017**

FEC Identification Number: **C**  
**Transaction ID : VNV499WEN!**  
Amount of Each Disbursement this Period: **2100.00**  
 Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. PoliOps, LLC**

Mailing Address **PO Box 1572**

City **Glen Allen** State **VA** Zip Code **23060-1572**

Purpose of Disbursement  
**Compliance Consulting**

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **10 / 09 / 2017**

FEC Identification Number: **C**  
**Transaction ID : VNV499WEN!**  
Amount of Each Disbursement this Period: **2100.00**  
 Non-Contribution Account  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **6300.00**

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. PoliOps, LLC</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2017
Mailing Address PO Box 1572		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEN</b> Amount of Each Disbursement this Period 2100.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Glen Allen	State VA	
Zip Code 23060-1572	Purpose of Disbursement Compliance Consulting	Category/ Type
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>B. PoliOps, LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address PO Box 1572		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEN</b> Amount of Each Disbursement this Period 2100.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Glen Allen	State VA	
Zip Code 23060-1572	Purpose of Disbursement Compliance Consulting	Category/ Type
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>C. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 08 / 17 / 2017
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEN</b> Amount of Each Disbursement this Period 2741.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	
Zip Code 20175-3621	Purpose of Disbursement Insurance	Category/ Type
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6941.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEQ</b> Amount of Each Disbursement this Period 1183.28 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	Zip Code 20175-3621
Purpose of Disbursement Insurance		Category/ Type
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>B. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2017
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEQ</b> Amount of Each Disbursement this Period 1183.28 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	Zip Code 20175-3621
Purpose of Disbursement Insurance		Category/ Type
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>C. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 11 / 20 / 2017
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEQ</b> Amount of Each Disbursement this Period 5.76 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	Zip Code 20175-3621
Purpose of Disbursement Travel - Taxi		Category/ Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2372.32
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. Preferred Insurance Services Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 26 Fairfax St SE  
Ste G

City Leesburg State VA Zip Code 20175-3621

Purpose of Disbursement Travel - Taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 01 / 2017

FEC Identification Number: C

**Transaction ID : VNV499WEQ**

Amount of Each Disbursement this Period: 3.50

Memo Item

**B. Preferred Insurance Services Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 26 Fairfax St SE  
Ste G

City Leesburg State VA Zip Code 20175-3621

Purpose of Disbursement Travel - Taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 04 / 2017

FEC Identification Number: C

**Transaction ID : VNV499WEQ**

Amount of Each Disbursement this Period: 1.00

Memo Item

**C. Preferred Insurance Services Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 26 Fairfax St SE  
Ste G

City Leesburg State VA Zip Code 20175-3621

Purpose of Disbursement Travel - Taxi

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 11 / 2017

FEC Identification Number: C

**Transaction ID : VNV499WEQ**

Amount of Each Disbursement this Period: 8.55

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13.05
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 12 / 19 / 2017
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEQ'</b> Amount of Each Disbursement this Period 1183.28 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	
Zip Code 20175-3621	Purpose of Disbursement Insurance	Category/ Type
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>B. Preferred Insurance Services Inc</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2017
Mailing Address 26 Fairfax St SE Ste G		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEQ'</b> Amount of Each Disbursement this Period 1126.93 Non-Contribution Account <input type="checkbox"/> Memo Item
City Leesburg	State VA	
Zip Code 20175-3621	Purpose of Disbursement Insurance	Category/ Type
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>C. Protravel</b>		Date of Disbursement MM / DD / YYYY 07 / 21 / 2017
Mailing Address 515 Madison Ave		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEV</b> Amount of Each Disbursement this Period 76.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10022-5400	Purpose of Disbursement Travel - Hotel	Category/ Type
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)..... ▶

2386.21

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 14 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b>
City Rockville	State MD	
Purpose of Disbursement Salary		Transaction ID : <b>VNV499WEX!</b>
Candidate Name		Amount of Each Disbursement this Period 3061.62
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b>
City Rockville	State MD	
Purpose of Disbursement Salary		Transaction ID : <b>VNV499WEX!</b>
Candidate Name		Amount of Each Disbursement this Period 6412.13
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b>
City Rockville	State MD	
Purpose of Disbursement Salary		Transaction ID : <b>VNV499WEX!</b>
Candidate Name		Amount of Each Disbursement this Period 4737.29
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) ▼	<input type="checkbox"/> Non-Contribution Account <input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14211.04
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 14 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEX!</b> Amount of Each Disbursement this Period 3611.14 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEX!</b> Amount of Each Disbursement this Period 3611.14 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Salary		
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEX!</b> Amount of Each Disbursement this Period 3611.15 Non-Contribution Account <input type="checkbox"/> Memo Item
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>B. Shipp, Elizabeth, , ,</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2017
Mailing Address 15955 Frederick Rd Apt 1308		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEX!</b> Amount of Each Disbursement this Period 3611.15 Non-Contribution Account <input type="checkbox"/> Memo Item
City Rockville	State MD	
Zip Code 20855-2295		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEX!</b> Amount of Each Disbursement this Period 3611.15 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Salary		
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEX!</b> Amount of Each Disbursement this Period 45.00 Non-Contribution Account <input type="checkbox"/> Memo Item
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>C. SimpleTexting</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2017
Mailing Address 18851 NE 29th Ave Ste 700		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WET</b> Amount of Each Disbursement this Period 45.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Miami	State FL	
Zip Code 33180-2845		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WET</b> Amount of Each Disbursement this Period 45.00 Non-Contribution Account <input type="checkbox"/> Memo Item
Purpose of Disbursement Email hosting		
Candidate Name		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WET</b> Amount of Each Disbursement this Period 45.00 Non-Contribution Account <input type="checkbox"/> Memo Item
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7267.29
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. Tanner for Delegate</b>		Date of Disbursement MM / DD / YYYY 10 / 23 / 2017
Mailing Address 3805 Pickett Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEY'</b> Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Fairfax	State VA	Zip Code 22031-3605
Purpose of Disbursement Contribution		Category/ Type
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>B. The Breakthrough Fund</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 2425 17th St NW Apt 324		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEY2</b> Amount of Each Disbursement this Period 5000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20009-3094
Purpose of Disbursement Contribution		Category/ Type
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>C. The Dupont Hotel</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2017
Mailing Address 1500 New Hampshire Ave NW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WEV</b> Amount of Each Disbursement this Period 9433.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20036-1204
Purpose of Disbursement Venue Rental		Category/ Type
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15433.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. The Feminist Majority</b>		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017
Mailing Address 1600 Wilson Blvd 1600 Wilson Blvd		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEZ1</b> Amount of Each Disbursement this Period 1000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Arlington	State VA	
Zip Code 22209-2511		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. The Vaid Group LLC</b>		Date of Disbursement MM / DD / YYYY 10 / 02 / 2017
Mailing Address 230 W End Ave Apt 10C		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEZ1</b> Amount of Each Disbursement this Period 40000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10023-3664		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The Vaid Group LLC</b>		Date of Disbursement MM / DD / YYYY 12 / 07 / 2017
Mailing Address 230 W End Ave Apt 10C		FEC Identification Number <b>C</b> <b>Transaction ID : VNV499WEZ1</b> Amount of Each Disbursement this Period 40000.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City New York	State NY	
Zip Code 10023-3664		Category/ Type
Purpose of Disbursement Contribution		
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

81000.00

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. UPrinting**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Haskell Avenue

City Van Nuys State CA Zip Code 91406

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEZ

Amount of Each Disbursement this Period: 148.34

Memo Item

**B. UPrinting**

Full Name (Last, First, Middle Initial)

Mailing Address 800 Haskell Avenue

City Van Nuys State CA Zip Code 91406

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : VNV499WEZF

Amount of Each Disbursement this Period: 148.34

Memo Item

**C. US Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address 475 Lenfant Plz SW

City Washington State DC Zip Code 20260-0004

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET

Amount of Each Disbursement this Period: 39.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 335.68

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. US Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address 475 Lenfant Plz SW

City Washington State DC Zip Code 20260-0004

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET!

Amount of Each Disbursement this Period: 1.12

Memo Item

**B. US Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address 475 Lenfant Plz SW

City Washington State DC Zip Code 20260-0004

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET6

Amount of Each Disbursement this Period: 39.00

Memo Item

**C. US Postal Service**

Full Name (Last, First, Middle Initial)

Mailing Address 475 Lenfant Plz SW

City Washington State DC Zip Code 20260-0004

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 18 / 2017

FEC Identification Number: C

Transaction ID : VNV499WET

Amount of Each Disbursement this Period: 49.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 89.12

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 09 / 18 / 2017
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WET9</b> Amount of Each Disbursement this Period [REDACTED] 6.65 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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>B. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 09 / 19 / 2017
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WET9</b> Amount of Each Disbursement this Period [REDACTED] 6.65 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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>C. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 10 / 13 / 2017
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WET.</b> Amount of Each Disbursement this Period [REDACTED] 6.65 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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)..... ▶

19.95

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial) <b>A. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 11 / 01 / 2017
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WETI</b> Amount of Each Disbursement this Period [REDACTED] 6.65 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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>B. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WETC</b> Amount of Each Disbursement this Period [REDACTED] 39.00 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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>C. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017
Mailing Address 475 Lenfant Plz SW		FEC Identification Number C [REDACTED] <b>Transaction ID : VNV499WETI</b> Amount of Each Disbursement this Period [REDACTED] 6.65 Non-Contribution Account <input type="checkbox"/> Memo Item
City Washington	State DC	Zip Code 20260-0004
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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)..... ▶

[REDACTED] 52.30

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

[REDACTED]

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

**A. VistaPrint**

Full Name (Last, First, Middle Initial)

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421-7942

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2017

FEC Identification Number: C

Transaction ID : VNV499WETI

Amount of Each Disbursement this Period: 29.22

Memo Item

**B. VistaPrint**

Full Name (Last, First, Middle Initial)

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421-7942

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2017

FEC Identification Number: C

Transaction ID : VNV499WETF

Amount of Each Disbursement this Period: 15.48

Memo Item

**C. VistaPrint**

Full Name (Last, First, Middle Initial)

Mailing Address 95 Hayden Ave

City Lexington State MA Zip Code 02421-7942

Purpose of Disbursement Office supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 01 / 2017

FEC Identification Number: C

Transaction ID : VNV499WER

Amount of Each Disbursement this Period: 108.99

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 153.69

**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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. VistaPrint**

Date of Disbursement:  /  /

Mailing Address: 95 Hayden Ave

City: Lexington State: MA Zip Code: 02421-7942

Purpose of Disbursement: Printing

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
**Transaction ID : VNV499WET**  
Amount of Each Disbursement this Period:   
 Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**B. VistaPrint**

Date of Disbursement:  /  /

Mailing Address: 95 Hayden Ave

City: Lexington State: MA Zip Code: 02421-7942

Purpose of Disbursement: Printing

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
**Transaction ID : VNV499WET**  
Amount of Each Disbursement this Period:   
 Non-Contribution Account  
 Memo Item

Full Name (Last, First, Middle Initial)  
**C. VSP**

Date of Disbursement:  /  /

Mailing Address: 3333 Quality Dr

City: Rancho Cordova State: CA Zip Code: 95670-7985

Purpose of Disbursement: Health insurance

Candidate Name:

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
**Transaction ID : VNV499WEQ**  
Amount of Each Disbursement this Period:   
 Non-Contribution Account  
 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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. WeWork Apollo**

Date of Disbursement:  /  /

Mailing Address: 810 7th St NE

City: Washington State: DC Zip Code: 20002-3610

Purpose of Disbursement: Rent

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number:

Transaction ID: **VNV499WETI**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. WeWork Apollo**

Date of Disbursement:  /  /

Mailing Address: 810 7th St NE

City: Washington State: DC Zip Code: 20002-3610

Purpose of Disbursement: Rent

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number:

Transaction ID: **VNV499WETF**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WeWork Apollo**

Date of Disbursement:  /  /

Mailing Address: 810 7th St NE

City: Washington State: DC Zip Code: 20002-3610

Purpose of Disbursement: Rent

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number:

Transaction ID: **VNV499WET**

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

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NAME OF COMMITTEE (In Full)  
**L PAC**

Full Name (Last, First, Middle Initial)  
**A. WeWork Apollo**

Date of Disbursement:  /  /

Mailing Address: 810 7th St NE

City: Washington State: DC Zip Code: 20002-3610

Purpose of Disbursement: Rent

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number:

Transaction ID: **VNV499WETI**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**B. WeWork Apollo**

Date of Disbursement:  /  /

Mailing Address: 810 7th St NE

City: Washington State: DC Zip Code: 20002-3610

Purpose of Disbursement: Rent

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number:

Transaction ID: **VNV499WETS**

Amount of Each Disbursement this Period:

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WeWork Apollo**

Date of Disbursement:  /  /

Mailing Address: 810 7th St NE

City: Washington State: DC Zip Code: 20002-3610

Purpose of Disbursement: Rent

Candidate Name:

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Category/Type:

FEC Identification Number:

Transaction ID: **VNV499WEZ**

Amount of Each Disbursement this Period:

Memo Item

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

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