

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Tri-State Maxed-Out Women

ADDRESS (number and street) 1050 17th St NW

▼ Suite 590

Check if different than previously reported. (ACC) Washington DC 20036 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00488387

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y

07 01 2015 through 12 31 2015

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

Type or Print Name of Treasurer Marcia Dickstein Sudolsky

Signature of Treasurer Marcia Dickstein Sudolsky [Electronically Filed] Date 01 30 2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Tri-State Maxed-Out Women

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="57115.62"/>	<input type="text" value="57115.62"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="108738.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22796.60"/>	<input type="text" value="118061.67"/>
(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="131534.94"/>	<input type="text" value="175177.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92596.29"/>	<input type="text" value="136238.64"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38938.65"/>	<input type="text" value="38938.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Tri-State Maxed-Out Women

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22620.00	117870.00
(ii) Unitemized	168.00	168.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22788.00	118038.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	22788.00	118038.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	8.60	23.67
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))..... ▶	22796.60	118061.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22796.60	118061.67

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	17596.29	38738.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17596.29	38738.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	97500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92596.29	136238.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92596.29	136238.64

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22788.00	118038.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22788.00	118038.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	17596.29	38738.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17596.29	38738.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Monica Atiya
 Full Name (Last, First, Middle Initial)
 Mailing Address 244 E. 86th St
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Scholar Chips Occupation: Partner
 Receipt For: Primary General Other (specify)

Date of Receipt: 09 / 21 / 2015
Transaction ID : SA11AI.5435
 Amount of Each Receipt this Period: 1000.00
 Contribution: 1000.00

B. Feigue Berman-Brosny
 Full Name (Last, First, Middle Initial)
 Mailing Address 88 Central Park W Apt 1W
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Self Occupation: Journalist
 Receipt For: Primary General Other (specify)

Date of Receipt: 11 / 18 / 2015
Transaction ID : SA11AI.5479
 Amount of Each Receipt this Period: 1000.00
 Contribution: 1000.00

C. Aviva D. Budd
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Ocean Dr. W
 City Stamford State CT Zip Code 06902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: N/A Occupation: Retired
 Receipt For: Primary General Other (specify)

Date of Receipt: 09 / 30 / 2015
Transaction ID : SA11AI.5459
 Amount of Each Receipt this Period: 1000.00
 Contribution: 1000.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Betty Cotton
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 5th Avenue
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed Occupation NFP Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3024.00**

Date of Receipt **12 / 16 / 2015**
Transaction ID : SA11AI.5498
 Amount of Each Receipt this Period **1024.00**
 Contribution

B. Kristin Friedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Circle Rd
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Not employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 19 / 2015**
Transaction ID : SA11AI.5463
 Amount of Each Receipt this Period **1000.00**
 Contribution

C. Hollis Gersh
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Woodland Dr
 City Huntington State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gersh Property Management Occupation Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **12 / 07 / 2015**
Transaction ID : SA11AI.5536
 Amount of Each Receipt this Period **1000.00**
 Contribution

SUBTOTAL of Receipts This Page (optional)..... **3024.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 39
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Hollis Gersh
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Woodland Dr
 City State Zip Code
 Huntington NY 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Gersh Property Management Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1024.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : SA11AI.5504
 Amount of Each Receipt this Period
 24.00
 Contribution

B. Elaine Heffner
 Full Name (Last, First, Middle Initial)
 Mailing Address 90 Riverside Drive
 Apt. 9A
 City State Zip Code
 New York NY 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self employed Psychotherapist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : SA11AI.5516
 Amount of Each Receipt this Period
 1000.00
 Contribution

C. Harriet Helfenbein
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Attitash Street
 City State Zip Code
 Chappaqua NY 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self employed Speech Pathologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1024.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.5535
 Amount of Each Receipt this Period
 24.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶ 1048.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Rita Isaacs
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 Reynolds Ln
 City State Zip Code
 Katonah NY 10536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Not Employed
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2015
Transaction ID : SA11AI.5461
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Sarah Kagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 56 Brewster Road
 City State Zip Code
 Scarsdale NY 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 No Employer Homemaker
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : SA11AI.5378
 Amount of Each Receipt this Period
 2500.00
 Contribution

C. Susan Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 Riverside Dr
 City State Zip Code
 New York City NY 10024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Retired
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : SA11AI.5499
 Amount of Each Receipt this Period
 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Patricia Kenner		Date of Receipt 12 / 17 / 2015 Transaction ID : SA11AI.5515
Mailing Address 720 Park Avenue		Amount of Each Receipt this Period 1048.00
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Campus Coach Line	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1048.00	

Full Name (Last, First, Middle Initial) B. Jessica Krant		Date of Receipt 12 / 18 / 2015 Transaction ID : SA11AI.5513
Mailing Address 317 East 34th St 5th Fl		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10016
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Ellen Kulka		Date of Receipt 12 / 23 / 2015 Transaction ID : SA11AI.5517
Mailing Address 301 E 52nd St		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	3048.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 410 East 57t hStreet

City New York State NY Zip Code 10022

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

Name of Employer N / A Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015

Transaction ID : SA11AI.5501

Amount of Each Receipt this Period
 1000.00

Contribution

B. Carol S. Marks
Full Name (Last, First, Middle Initial)

Mailing Address 838 Mountain Laurel

City Aspen State CO Zip Code 81611

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

Name of Employer None Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : SA11AI.5477

Amount of Each Receipt this Period
 1000.00

Contribution

C. Juliet Melamid
Full Name (Last, First, Middle Initial)

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

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

Name of Employer Self employed Occupation Psychotherapist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2015

Transaction ID : SA11AI.5476

Amount of Each Receipt this Period
 1000.00

Contribution

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Letty Cottin Pogrebin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 16 / 2015
Mailing Address 33 West 67th Street		Transaction ID : SA11AI.5502
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employed	Occupation Writer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Ellen Sosnow		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2015
Mailing Address 445 Park Avenue, 9th Floor		Transaction ID : SA11AI.5456
City New York	State NY	Zip Code 10022
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Ellen Sosnow Interiors	Occupation Interior Designer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Susan Stern		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 39 Park Road		Transaction ID : SA11AI.5457
City Scarsdale	State NY	Zip Code 10583
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer N/A	Occupation Volunteer	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Tri-State Maxed-Out Women

A. Marilyn Thypin
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 East 56th St #25H
 City New York State NY Zip Code 10022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/A Occupation Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 09 / 30 / 2015
Transaction ID : SA11AI.5458
 Amount of Each Receipt this Period
 1000.00
 Contribution

B. Suzanne Zissu
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Perry St Apt 5C
 City New York State NY Zip Code 10014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Clinical Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 12 / 12 / 2015
Transaction ID : SA11AI.5496
 Amount of Each Receipt this Period
 1000.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 / /
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	22620.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.5543

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 06 / 2015

Transaction ID : SB21B.5544

Amount of Each Disbursement this Period

29.05

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.5545

Amount of Each Disbursement this Period

7.95

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

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

44.95

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 360001

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement
Credit Card Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.5546

Amount of Each Disbursement this Period

58.10

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.5549

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2015

Transaction ID : SB21B.5550

Amount of Each Disbursement this Period

25.00

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

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

108.10

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Chase Bank

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : SB21B.5551

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 02 / 2015

Transaction ID : SB21B.5552

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. Chase Bank

Mailing Address 270 Park Ave

City New York State NY Zip Code 10017

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 01 / 2015

Transaction ID : SB21B.5553

Amount of Each Disbursement this Period

25.00

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

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

75.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : SB21B.5554

Amount of Each Disbursement this Period

45.77

Full Name (Last, First, Middle Initial)

B. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB21B.5555

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

C. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : SB21B.5556

Amount of Each Disbursement this Period

40.00

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

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

125.77

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2015

Transaction ID : SB21B.5557

Amount of Each Disbursement this Period

40.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : SB21B.5558

Amount of Each Disbursement this Period

45.77

Category/
Type

Full Name (Last, First, Middle Initial)

C. Chase Paymentech

Mailing Address PO Box 659754

City San Antonio State TX Zip Code 78265-8632

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : SB21B.5559

Amount of Each Disbursement this Period

64.64

Category/
Type

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

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

150.41

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Hooks Book Events

Mailing Address 4802 Crescent St

City State Zip Code
Bethesda MD 20816

Purpose of Disbursement
PAC Event Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.5518

Amount of Each Disbursement this Period

731.64

Full Name (Last, First, Middle Initial)

B. Kazuko Kato

Mailing Address 445 Park Avenue, 9th Floor

City State Zip Code
New York NY 10022

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.5431

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

C. Kazuko Kato

Mailing Address 445 Park Avenue, 9th Floor

City State Zip Code
New York NY 10022

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 08 / 2015

Transaction ID : SB21B.5433

Amount of Each Disbursement this Period

500.00

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

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

1631.64

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Kazuko Kato

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
PAC Event Staffing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 09 / 2015

Transaction ID : SB21B.5473

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kazuko Kato

Mailing Address 445 Park Avenue, 9th Floor

City New York State NY Zip Code 10022

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB21B.5521

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wendy Komaroff

Mailing Address 115 West 132nd Street
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.5475

Amount of Each Disbursement this Period

300.00

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

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

1300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Wendy Komaroff

Mailing Address 115 West 132nd Street
GFL

City New York State NY Zip Code 10027

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : SB21B.5522

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Paul Evan's Caterers

Mailing Address 46B Saratoga Blvd

City Island Park State NY Zip Code 11558

Purpose of Disbursement
PAC Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 28 / 2015

Transaction ID : SB21B.5399

Amount of Each Disbursement this Period

488.80

Full Name (Last, First, Middle Initial)

C. Paul Evan's Caterers

Mailing Address 46B Saratoga Blvd

City Island Park State NY Zip Code 11558

Purpose of Disbursement
PAC Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.5455

Amount of Each Disbursement this Period

2044.90

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

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

2733.70

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Political Compliance Management Services, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2015

Mailing Address 1050 17th St NW Ste 590

Transaction ID : SB21B.5602

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
PAC Accounting Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Political Compliance Management Services, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2015

Mailing Address 1050 17th St NW Ste 590

Transaction ID : SB21B.5430

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

600.98

Purpose of Disbursement
PAC Accounting Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Political Compliance Management Services, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2015

Mailing Address 1050 17th St NW Ste 590

Transaction ID : SB21B.5434

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
PAC Accounting Services

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

1800.98

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

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

Full Name (Last, First, Middle Initial)

A. Political Compliance Management Services, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2015

Mailing Address 1050 17th St NW Ste 590

Transaction ID : SB21B.5465

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

605.39

Purpose of Disbursement
PAC Accounting Services

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Political Compliance Management Services, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		01		2015

Mailing Address 1050 17th St NW Ste 590

Transaction ID : SB21B.5482

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

609.43

Purpose of Disbursement
PAC Accounting Services

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Political Compliance Management Services, LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		07		2015

Mailing Address 1050 17th St NW Ste 590

Transaction ID : SB21B.5495

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

603.92

Purpose of Disbursement
PAC Accounting Services

--

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

1818.74

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

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

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

Full Name (Last, First, Middle Initial)

A. Elizabeth Roden

Mailing Address 1623 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Event staffing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 20 / 2015

Transaction ID : SB21B.5595

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Roden

Mailing Address 1623 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Event Staffing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.5562

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Roden

Mailing Address 1623 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Event staffing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : SB21B.5596

Amount of Each Disbursement this Period

100.00

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

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. James Stanton

Mailing Address 235 East 22nd Street
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement
Graphic Design Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 13 / 2015

Transaction ID : SB21B.5379

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. James Stanton

Mailing Address 235 East 22nd Street
#15HI

City New York State NY Zip Code 10010

Purpose of Disbursement
Graphic Design Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 03 / 2015

Transaction ID : SB21B.5474

Amount of Each Disbursement this Period

450.00

Full Name (Last, First, Middle Initial)

C. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2015

Transaction ID : SB21B.5577

Amount of Each Disbursement this Period

1250.00

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

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

2200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
Reimbursement, PAC Event Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB21B.5591

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

B. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.5563

Amount of Each Disbursement this Period

850.00

Full Name (Last, First, Middle Initial)

C. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 13 / 2015

Transaction ID : SB21B.5578

Amount of Each Disbursement this Period

850.00

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

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

1775.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
Printing Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.5580

Amount of Each Disbursement this Period

325.00

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 1173A Second Ave

City New York State NY Zip Code 10065

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2015

Transaction ID : SB21B.5580.0

Amount of Each Disbursement this Period

325.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
Reimbursement, Travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 22 / 2015

Transaction ID : SB21B.5581

Amount of Each Disbursement this Period

155.00

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

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

480.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City State Zip Code
New York NY 10128

Purpose of Disbursement
Reimbursement, PAC Event Supplies

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5582

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Park East Kosher

Mailing Address 1623 2nd Ave

City State Zip Code
New York NY 10028

Purpose of Disbursement
PAC Event catering

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5582.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City State Zip Code
New York NY 10128

Purpose of Disbursement
Reimbursement, Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5583

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address 1173A Second Ave

City New York State NY Zip Code 10065

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB21B.5583.0

Amount of Each Disbursement this Period

122.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Administrative Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2015

Transaction ID : SB21B.5584

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
Reimbursement, PAC Event Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2015

Transaction ID : SB21B.5564

Amount of Each Disbursement this Period

500.00

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

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

1200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Humus Kitchen

Mailing Address 1613 2nd Ave

City New York State NY Zip Code 10028

Purpose of Disbursement
PAC Event Food & Beverages

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2015

Transaction ID : SB21B.5564.1

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Marcia D. Sudolsky

Mailing Address 131 East 93rd Street Apt 10D

City New York State NY Zip Code 10128

Purpose of Disbursement
PAC Administrative services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2015

Transaction ID : SB21B.5594

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

C. Molly Tobin

Mailing Address 131 E 93rd St

City New York State NY Zip Code 10128

Purpose of Disbursement
Event Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 22 / 2015

Transaction ID : SB21B.5605

Amount of Each Disbursement this Period

255.00

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

955.00

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

17271.29

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. CAIN FOR CONGRESS

Mailing Address P.O. BOX 1523

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
Contribution

Candidate Name
EMILY ANN CAIN

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: ME District: 02

Date of Disbursement

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

Transaction ID : SB23.5444

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. Catherine Cortez Masto for Senate

Mailing Address 8020 SOUTH RAINBOW BLVD
#100-112

City Las Vegas State NV Zip Code 89139

Purpose of Disbursement
Contribution

Candidate Name
Catherine Cortez Masto

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District:

Date of Disbursement

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

Transaction ID : SB23.5442

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. DONNA EDWARDS FOR SENATE

Mailing Address PO BOX 44305

City FORT WASHINGTON State MD Zip Code 20749

Purpose of Disbursement
Contribution

Candidate Name
DONNA FERN EDWARDS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MD District: 03

Date of Disbursement

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

Transaction ID : SB23.5447

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. FRIENDS OF ANNA THRONE-HOLST

Mailing Address PO BOX 6

City SOUTHAMPTON State NY Zip Code 11969

Purpose of Disbursement
Contribution

Candidate Name

ANNA THRONE-HOLST

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 01

Date of Disbursement

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

Transaction ID : SB23.5493

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. FRIENDS OF CHERI BUSTOS

Mailing Address P.O. BOX 77

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Contribution

Candidate Name

CHERI BUSTOS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	5

Transaction ID : SB23.5470

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. FRIENDS OF ELIZABETH ESTY

Mailing Address PO BOX 61

City CHESHIRE State CT Zip Code 06410

Purpose of Disbursement
Contribution

Candidate Name

ELIZABETH ESTY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Convention

State: CT District: 05

Date of Disbursement

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

Transaction ID : SB23.5443

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
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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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHAUGHNESSY NAUGHTON

Mailing Address 354 N MAIN ST
PO BOX 67

City DOYLESTOWN State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name

SHAUGHNESSY NAUGHTON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.5445

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SHAUGHNESSY NAUGHTON

Mailing Address 354 N MAIN ST
PO BOX 67

City DOYLESTOWN State PA Zip Code 18901

Purpose of Disbursement
Contribution

Candidate Name

SHAUGHNESSY NAUGHTON

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.5525

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. GRAHAM FOR CONGRESS

Mailing Address PO BOX 310

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
Contribution

Candidate Name

GWEN GRAHAM

Office Sought: House
 Senate
 President
State: FL District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB23.5485

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. JULIA BROWNLEY FOR CONGRESS

Mailing Address PO BOX 2018

City THOUSAND OAKS State CA Zip Code 91358

Purpose of Disbursement
Contribution

Candidate Name

JULIA BROWNLEY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	8		2	0	1	5		

Transaction ID : SB23.5467

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. KATHLEEN MATTHEWS FOR CONGRESS

Mailing Address PO BOX 15236

City CHEVY CHASE State MD Zip Code 20825

Purpose of Disbursement
Contribution

Candidate Name

KATHLEEN MATTHEWS

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SB23.5531

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. KATIE MCGINTY FOR SENATE

Mailing Address PO BOX 22447

City PHILADELPHIA State PA Zip Code 19110

Purpose of Disbursement
Contribution

Candidate Name

KATHLEEN ALANA MCGINTY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		1	8		2	0	1	5		

Transaction ID : SB23.5528

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	.	0	0
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2	5	0	0	.	0	0
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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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Kirkpatrick for Senate

Mailing Address PO Box 34421

City Phoenix State AZ Zip Code 85067

Purpose of Disbursement Contribution

Candidate Name

ANN LEILA KIRKPATRICK

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 23 / 2015

Transaction ID : SB23.5453

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name

ANN MCLANE KUSTER

Office Sought: House Senate President
State: NH District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2015

Transaction ID : SB23.5469

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement Contribution

Candidate Name

ANN MCLANE KUSTER

Office Sought: House Senate President
State: NH District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2015

Transaction ID : SB23.5487

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
Contribution

Candidate Name
KYRSTEN SINEMA

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : **SB23.5468**

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City TEMPE State AZ Zip Code 85285

Purpose of Disbursement
Contribution

Candidate Name
KYRSTEN SINEMA

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : **SB23.5486**

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address 1150 UNIVERSITY AVE, BLDG. 5

City ROCHESTER State NY Zip Code 14607

Purpose of Disbursement
Contribution

Candidate Name
LOUISE MCINTOSH SLAUGHTER

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 08 / 2015

Transaction ID : **SB23.5471**

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

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

7500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. MAGGIE FOR NH

Mailing Address PO BOX 298

City State Zip Code
CONCORD NH 03302

Purpose of Disbursement
Contribution

Candidate Name

MARGARET WOOD HASSAN

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Transaction ID : SB23.5526

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MONICA VERNON FOR CONGRESS

Mailing Address 326 23RD STREET DRIVE SE

City State Zip Code
CEDAR RAPIDS IA 52403

Purpose of Disbursement
Contribution

Candidate Name

MONICA W VERNON

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2015

Transaction ID : SB23.5446

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City State Zip Code
SEATTLE WA 98124

Purpose of Disbursement
Contribution

Candidate Name

PATTY MURRAY

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2015

Transaction ID : SB23.5437

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

Full Name (Last, First, Middle Initial)

A. TADDEO FOR CONGRESS

Mailing Address P.O. BOX 432094

City SOUTH MIAMI State FL Zip Code 33243

Purpose of Disbursement
Contribution

Candidate Name
ANNETTE TADDEO

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.5488**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. TADDEO FOR CONGRESS

Mailing Address P.O. BOX 432094

City SOUTH MIAMI State FL Zip Code 33243

Purpose of Disbursement
Contribution

Candidate Name
ANNETTE TADDEO

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	1	5

Transaction ID : **SB23.5530**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. TAMMY FOR ILLINOIS

Mailing Address PO BOX 10793

City CHICAGO State IL Zip Code 60610

Purpose of Disbursement
Contribution

Candidate Name
Tammy Duckworth

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : **SB23.5450**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	.	0	0
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0	0	0	0	.	0	0
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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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. VAL DEMINGS FOR CONGRESS

Mailing Address PO BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
Contribution

Candidate Name
VALDEZ 'VAL' DEMINGS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 10

Date of Disbursement

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

Transaction ID : **SB23.5490**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. VAL DEMINGS FOR CONGRESS

Mailing Address PO BOX 536926

City ORLANDO State FL Zip Code 32853

Purpose of Disbursement
Contribution

Candidate Name
VALDEZ 'VAL' DEMINGS

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 10

Date of Disbursement

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

Transaction ID : **SB23.5524**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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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

Amount of Each Disbursement this Period

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

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

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