

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Tri-State Maxed-Out Women

ADDRESS (number and street) 910 17th St NW Ste 925

Check if different than previously reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00488387

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 / 06 / 2018 in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] 10 / 01 / 2018 through [MM] / [DD] / [YYYY] 11 / 26 / 2018

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

Dickstein Sudolsky, Marcia, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Dickstein Sudolsky, Marcia, , ,

[Electronically Filed]

Date

[MM] / [DD] / [YYYY] 01 / 30 / 2018

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

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		53155.22
(b) Cash on Hand at Beginning of Reporting Period.....	55177.88	
(c) Total Receipts (from Line 19)	16782.59	209782.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	71960.47	262937.81
7. Total Disbursements (from Line 31).....	29046.99	220024.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42913.48	42913.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	16500.00	205700.00
(ii) Unitemized	280.00	580.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16780.00	206280.00
(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)	16780.00	206280.00
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	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.59	2.59
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)).....▶	16782.59	209782.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16782.59	209782.59

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	6796.99	48574.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6796.99	48574.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21750.00	170950.00
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	500.00	500.00
(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)).....	500.00	500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	29046.99	220024.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29046.99	220024.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	16780.00	206280.00
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16280.00	205780.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	6796.99	48574.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6796.99	48574.33

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Report amended to reflect the new COH from previous amended report.

Form/Schedule:
Transaction ID:

**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 30
	<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. Blinder, Madeline, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 218 Cherry Hill Rd
 City Princeton State NJ Zip Code 08540-7624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) No Occupation Occupation (for Individual) No Employer
 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
 10 / 03 / 2018
Transaction ID : 1870130
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. Cotton, Betty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 930 5Th Ave
 City New York State NY Zip Code 10021-2651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NFP Consultant Occupation (for Individual) Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2018
Transaction ID : 2132591
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * In-Kind: PAC Event Venue Rental

C. Duff, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 480 Park Ave
 City New York State NY Zip Code 10022-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2018
Transaction ID : 1915280
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

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 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. ACTBLUE

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2018

Transaction ID : 1915280E

Amount of Each Receipt this Period
 1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. Falk, Bobbie, , ,

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

Mailing Address 3 Willow Ln

City Scarsdale	State NY	Zip Code 10583-3411
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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 ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2018

Transaction ID : 1915273

Amount of Each Receipt this Period
 1000.00

Memo Item

* Earmarked Contribution: See Below

C. ACTBLUE

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

Mailing Address PO Box 441146

City West Somerville	State MA	Zip Code 02144-0031
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
 3850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2018

Transaction ID : 1915273E

Amount of Each Receipt this Period
 1000.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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. Fiske, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 Riverside Dr
Apt 8C

City New York State NY Zip Code 10023-8020

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

Name of Employer (for Individual) Heidi Fiske Associates Occupation (for Individual) Editor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 1870121

Amount of Each Receipt this Period 100.00

Memo Item

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

Mailing Address 1050 Park Ave
Apt 7C

City New York State NY Zip Code 10028-1031

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 10 / 03 / 2018
Transaction ID : 1870123

Amount of Each Receipt this Period 250.00

Memo Item

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

Mailing Address PO Box 28

City Ardsley On Hudson State NY Zip Code 10503-0028

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 ▼ 1000.00

Date of Receipt 10 / 30 / 2018
Transaction ID : 2129655

Amount of Each Receipt this Period 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Gersh, Hollis, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25 Woodland Dr

City Halesite	State NY	Zip Code 11743-1124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Owner	Occupation (for Individual) Gersh Property Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2018

Transaction ID : 2132592

Amount of Each Receipt this Period
500.00

Memo Item

* In-Kind: PAC Event Venue Rental

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

Mailing Address 25 Woodland Dr

City Halesite	State NY	Zip Code 11743-1124
------------------	-------------	------------------------

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

Name of Employer (for Individual) Owner	Occupation (for Individual) Gersh Property Management
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2018

Transaction ID : 2132826

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 44 W 62Nd St
Apt 12C

City New York	State NY	Zip Code 10023-7011
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FEC ID number of contributing federal political committee. **C**

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

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
10	/	03	/	2018

Transaction ID : 1870124

Amount of Each Receipt this Period
1250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 30
	<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. Kasner, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Murray Hill Rd
 City Scarsdale State NY Zip Code 10583-2829
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Attorney, Advocate, Volunteer Occupation (for Individual) Self-Employed
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 1834492
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Kovner, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 W 67Th St
 City New York State NY Zip Code 10023-6258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) N / A
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 1834488
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Kraus, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 E 80Th St
 City New York State NY Zip Code 10075-0237
 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 / 03 / 2018
Transaction ID : 1870128
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Lawner, Marsha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 W 64Th St
 City New York State NY Zip Code 10023-7129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 1870119
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Levkoff, Cameron, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Duane St
 City New York State NY Zip Code 10007-3601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 07 / 2018
Transaction ID : 1915270
 Amount of Each Receipt this Period 1000.00
 Memo Item
 * Earmarked Contribution: See Below

C. ACTBLUE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 441146
 City West Somerville State MA Zip Code 02144-0031
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer (for Individual) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3850.00

Date of Receipt 10 / 08 / 2018
Transaction ID : 1915270E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Mandle, Linda, , ,		Date of Receipt
Mailing Address 22 E 88Th St		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2018"/>
City New York	State NY	Zip Code 10128-0509
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2129661
Name of Employer (for Individual) Attorney		Occupation (for Individual) Self
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Miller, Caroline, , ,		Date of Receipt
Mailing Address 176 E 71St St # 15B		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2018"/>
City New York	State NY	Zip Code 10021-5159
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 1834489
Name of Employer (for Individual) Retired		Occupation (for Individual) Retired
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Minard, Sally, , ,		Date of Receipt
Mailing Address 133 E 62Nd St		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2018"/>
City New York	State NY	Zip Code 10065-7301
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2132827
Name of Employer (for Individual) President & CEO		Occupation (for Individual) Franklin D Roosevelt Freedoms
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="100.00"/>
		<input type="checkbox"/> Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
TOTAL 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 14 OF 30
	<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. Shapiro, Geri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 Highland Rd
 City Scarsdale State NY Zip Code 10583-1808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senator Gillibrand's Office Occupation (for Individual) Senate Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 09 / 2018
Transaction ID : 2132828
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Snyder, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1080 5Th Ave Apt 3A
 City New York State NY Zip Code 10128-0102
 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 ▼ 5000.00

Date of Receipt 10 / 17 / 2018
Transaction ID : 2129753
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Stern, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Park Rd
 City Scarsdale State NY Zip Code 10583-2143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Volunteer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 03 / 2018
Transaction ID : 1870126
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Strauss, Barbara, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 71 E 71St St
6D

City New York State NY Zip Code 10021-4257

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 19 / 2018
Transaction ID : 2129663

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3850.00

Date of Receipt
10 / 23 / 2018
Transaction ID : 2129663E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address 601 W 103RD St

City New York State NY Zip Code 10055

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

Name of Employer (for Individual) Physician Occupation (for Individual) Mt. Sinai/Beth Israel

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 01 / 2018
Transaction ID : 1915275

Amount of Each Receipt this Period
250.00

Memo Item

* Earmarked Contribution: See Below

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 16 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. ACTBLUE

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

Mailing Address PO Box 441146

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 08 / 2018

Transaction ID : 1915275E

Amount of Each Receipt this Period
 250.00

Memo Item

Note: Above Contribution earmarked through this organization.

B. The Bachmann Strauss Family Fund, Inc.

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

Mailing Address 71 E 71St St # 6D

City New York	State NY	Zip Code 10021-4257
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2018

Transaction ID : 2132594

Amount of Each Receipt this Period
 500.00

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).....▶	16500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
PAC Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C C00401224

Transaction ID : 500066323

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address PO Box 441146

City
West Somerville

State
MA

Zip Code
02144-0031

Purpose of Disbursement
PAC Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C C00401224

Transaction ID : 500066152

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address 360001 PO Box

City
Fort Lauderdale

State
FL

Zip Code
33336-0001

Purpose of Disbursement
PAC Merchant Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

C

Transaction ID : 500066324

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 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)
A. American Express

Mailing Address 360001 PO Box

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 05 / 2018

FEC Identification Number: C

Transaction ID : 500066325

Amount of Each Disbursement this Period: 162.59

Memo Item

Full Name (Last, First, Middle Initial)
B. American Express

Mailing Address 360001 PO Box

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 01 / 2018

FEC Identification Number: C

Transaction ID : 500066156

Amount of Each Disbursement this Period: 7.95

Memo Item

Full Name (Last, First, Middle Initial)
C. American Express

Mailing Address 360001 PO Box

City Fort Lauderdale State FL Zip Code 33336-0001

Purpose of Disbursement PAC Merchant Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2018

FEC Identification Number: C

Transaction ID : 500066155

Amount of Each Disbursement this Period: 54.07

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 224.61

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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Chase Bank

Date of Disbursement

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

Mailing Address 270 Park Ave

FEC Identification Number

C []

Transaction ID : 500066157
Amount of Each Disbursement this Period

[] 25.00

Memo Item

City New York State NY Zip Code 10017-2014

Purpose of Disbursement
Bank Fee

[]

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Chase Bank

Date of Disbursement

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

Mailing Address 270 Park Ave

FEC Identification Number

C []

Transaction ID : 500066328
Amount of Each Disbursement this Period

[] 27.00

Memo Item

City New York State NY Zip Code 10017-2014

Purpose of Disbursement
PAC Bank Fee

[]

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Chase Paymentech

Date of Disbursement

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

Mailing Address 659754 PO Box

FEC Identification Number

C []

Transaction ID : 500066329
Amount of Each Disbursement this Period

[] 46.27

Memo Item

City San Antonio State TX Zip Code 78265-9754

Purpose of Disbursement
PAC Merchant Fees

[]

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

[] 98.27

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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Chase Paymentech

Mailing Address 659754 PO Box

City San Antonio State TX Zip Code 78265-9754

Purpose of Disbursement
Merchant Fee

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2018

FEC Identification Number

C
Transaction ID : 500066337
Amount of Each Disbursement this Period
40.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Cotton, Betty, , ,

Mailing Address 930 5Th Ave

City New York State NY Zip Code 10021-2651

Purpose of Disbursement
PAC Event Venue Rental

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 03 / 2018

FEC Identification Number

C
Transaction ID : 21325911
Amount of Each Disbursement this Period
1000.00
* In-Kind Received

Memo Item

Full Name (Last, First, Middle Initial)

C. Fitzgerald, Thomas, , ,

Mailing Address 12 5Th Pl

City Garden City State NY Zip Code 11530-6105

Purpose of Disbursement
PAC Event Services

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 02 / 2018

FEC Identification Number

C
Transaction ID : 500066340
Amount of Each Disbursement this Period
100.00

Memo Item

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

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

1140.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Gersh, Hollis, , ,		Date of Disbursement MM / DD / YYYY 10 / 03 / 2018	
Mailing Address 25 Woodland Dr		FEC Identification Number C [] Transaction ID : 2132592I Amount of Each Disbursement this Period [] 500.00 * In-Kind Received <input type="checkbox"/> Memo Item	
City Halesite	State NY	Zip Code 11743-1124	Category/ Type []
Purpose of Disbursement PAC Event Venue Rental		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. Morales, Susana, , ,		Date of Disbursement MM / DD / YYYY 10 / 05 / 2018	
Mailing Address 1402 Lexington Ave		FEC Identification Number C [] Transaction ID : 500066339 Amount of Each Disbursement this Period [] 100.00 <input type="checkbox"/> Memo Item	
City New York	State NY	Zip Code 10128-1621	Category/ Type []
Purpose of Disbursement PAC Event Staffing		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Political Compliance Management Services, LLC		Date of Disbursement MM / DD / YYYY 11 / 19 / 2018	
Mailing Address 910 17Th St NW Ste 925		FEC Identification Number C [] Transaction ID : 500064836 Amount of Each Disbursement this Period [] 1521.33 <input type="checkbox"/> Memo Item	
City Washington	State DC	Zip Code 20006-2641	Category/ Type []
Purpose of Disbursement PAC Accounting Services		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 2121.33
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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. Sudolsky, Marcia D., , ,

Mailing Address 445 Park Ave
FI 9

City
New York

State
NY

Zip Code
10022-8606

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

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 500066335

Amount of Each Disbursement this Period

[REDACTED] 1250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Sudolsky, Marcia D., , ,

Mailing Address 445 Park Ave
FI 9

City
New York

State
NY

Zip Code
10022-8606

Purpose of Disbursement
Reimbursement, see below if itemized

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
10			19			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 500066321

Amount of Each Disbursement this Period

[REDACTED] 198.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Sudolsky, Marcia D., , ,

Mailing Address 445 Park Ave
FI 9

City
New York

State
NY

Zip Code
10022-8606

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

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2018			

FEC Identification Number

C [REDACTED]

Transaction ID : 500066336

Amount of Each Disbursement this Period

[REDACTED] 1250.00

Memo Item

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

[REDACTED] 2698.75

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 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)
Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial) A. Travin, Courtney, , ,		Date of Disbursement MM / DD / YYYY 10 / 27 / 2018
Mailing Address 96 5Th Ave Apt 8A		FEC Identification Number C [] Transaction ID : 500066331 Amount of Each Disbursement this Period [] 204.00
City New York	State NY	Zip Code 10011-7613
Purpose of Disbursement PAC Event Staffing		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. Travin, Courtney, , ,		Date of Disbursement MM / DD / YYYY 10 / 30 / 2018
Mailing Address 96 5Th Ave Apt 8A		FEC Identification Number C [] Transaction ID : 500066332 Amount of Each Disbursement this Period [] 150.00
City New York	State NY	Zip Code 10011-7613
Purpose of Disbursement PAC Event Staffing		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) C.		Date of Disbursement MM / DD / YYYY [] / [] / []
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []
City	State	Zip Code
Purpose of Disbursement		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	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 354.00
TOTAL This Period (last page this line number only).....▶	[] 6796.99

**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)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ALYSE FOR ALASKA

Mailing Address PO Box 90020

City Anchorage

State AK

Zip Code 99509-0020

Purpose of Disbursement
PAC Contribution

Candidate Name

GALVIN, ALYSE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AK District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			2018			

FEC Identification Number

C C00665711

Transaction ID : 500064832

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BONNIE WATSON COLEMAN FOR CONGRESS

Mailing Address 180 Upland Ave

City Ewing

State NJ

Zip Code 08638-2330

Purpose of Disbursement
Contribution

Candidate Name

Coleman, Bonnie, Watson, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NJ District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

FEC Identification Number

C C00558437

Transaction ID : 500062924

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. CAROLYN FOR CONGRESS

Mailing Address PO Box 301

City Suwanee

State GA

Zip Code 30024-0301

Purpose of Disbursement
PAC Contribution

Candidate Name

Bourdeaux, Carolyn, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: GA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

FEC Identification Number

C C00649384

Transaction ID : 500064834

Amount of Each Disbursement this Period

2000.00

Memo Item

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

3250.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. CINDY AXNE FOR CONGRESS

Mailing Address PO Box 126

City
West Des Moines

State
IA

Zip Code
50265

Purpose of Disbursement
Contribution

Candidate Name

AXNE, CINDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C C00646844

Transaction ID : 500062927

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DEBBIE FOR CONGRESS

Mailing Address PO Box 566442

City
Miami

State
FL

Zip Code
33256-6442

Purpose of Disbursement
Contribution

Candidate Name

MUCARSEL-POWELL, DEBBIE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C C00652065

Transaction ID : 500062917

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ELISSA SLOTKIN FOR CONGRESS

Mailing Address PO Box 244

City
Holly

State
MI

Zip Code
48442-0244

Purpose of Disbursement
Contribution

Candidate Name

SLOTKIN, ELISSA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C C00650150

Transaction ID : 500062909

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. ELISSA SLOTKIN FOR CONGRESS

Mailing Address PO Box 244

City
Holly

State
MI

Zip Code
48442-0244

Purpose of Disbursement
Contribution

Candidate Name

SLOTKIN, ELISSA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

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

FEC Identification Number

C C00650150

Transaction ID : 500062908

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ELISSA SLOTKIN FOR CONGRESS

Mailing Address PO Box 244

City
Holly

State
MI

Zip Code
48442-0244

Purpose of Disbursement
PAC Contribution

Candidate Name

SLOTKIN, ELISSA, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: MI District: 08

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	8		

FEC Identification Number

C C00650150

Transaction ID : 500064835

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FINKENAUER FOR CONGRESS

Mailing Address PO Box 598

City
Dubuque

State
IA

Zip Code
52004-0598

Purpose of Disbursement
Contribution

Candidate Name

FINKENAUER, ABBY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

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

FEC Identification Number

C C00637074

Transaction ID : 500062915

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3000.00

**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"/> 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 LUCY MCBATH INC.

Mailing Address 1860 Sandy Plains Rd
Ste Pm 204

City Marietta State GA Zip Code 30066-7839

Purpose of Disbursement
PAC Contribution

Candidate Name
MCBATH, LUCIA, MS., ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
10 / 18 / 2018

FEC Identification Number

C C00672295

Transaction ID : 500066318

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KATIE HILL FOR CONGRESS

Mailing Address 6681 Sweetclover Ln

City Carlsbad State CA Zip Code 92011-4082

Purpose of Disbursement
Contribution

Candidate Name
HILL, KATHERINE, LAUREN, ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C C00634212

Transaction ID : 500062916

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LAUREN BAER FOR CONGRESS

Mailing Address 6231 Pga Blvd
Pmb 10

City Palm Beach Gardens State FL Zip Code 33418-4033

Purpose of Disbursement
Contribution

Candidate Name
BAER, LAUREN, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 18

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2018

FEC Identification Number

C C00652594

Transaction ID : 500062905

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. LAUREN UNDERWOOD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

Mailing Address 2758 US Highway 34
Ste # B

City Oswego State IL Zip Code 60543-8301

Purpose of Disbursement Contribution

FEC Identification Number

C C00652719

Transaction ID : 500062919

Amount of Each Disbursement this Period

1000.00

Candidate Name

UNDERWOOD, LAUREN, A, ,

Category/Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 14

Memo Item

Full Name (Last, First, Middle Initial)

B. LISA BROWN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

Mailing Address PO Box 154

City Spokane State WA Zip Code 99210-0154

Purpose of Disbursement Contribution

FEC Identification Number

C C00654400

Transaction ID : 500062914

Amount of Each Disbursement this Period

1000.00

Candidate Name

BROWN, LISA, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: WA District: 05

Memo Item

Full Name (Last, First, Middle Initial)

C. ROSEN FOR NEVADA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

Mailing Address 1000 N Green Valley Pkwy
440-177

City Henderson State NV Zip Code 89074-6170

Purpose of Disbursement Contribution

FEC Identification Number

C C00606939

Transaction ID : 500062913

Amount of Each Disbursement this Period

2500.00

Candidate Name

ROSEN, JACKY, , ,

Category/Type

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: NV District: 01

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tri-State Maxed-Out Women

Full Name (Last, First, Middle Initial)

A. SINEMA FOR ARIZONA

Mailing Address PO Box 7586

City
Phoenix

State
AZ

Zip Code
85011-7586

Purpose of Disbursement
Contribution

Candidate Name

SINEMA, KYRSTEN, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2018			

FEC Identification Number

C C00508804

Transaction ID : 500062910

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. XOCHITL FOR NEW MEXICO

Mailing Address PO Box 2250

City
Las Cruces

State
NM

Zip Code
88004-2250

Purpose of Disbursement
Contribution

Candidate Name

TORRES SMALL, XOCHITL, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: NM District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2018			

FEC Identification Number

C C00666149

Transaction ID : 500062918

Amount of Each Disbursement this Period

1000.00

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

21750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. The Bachmann Strauss Family Fund, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 71 E 71St St # 6D

City New York State NY Zip Code 10021-4257

Purpose of Disbursement Refund of contribution due to funds being from an incorporated account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 26 / 2018

FEC Identification Number: C

Transaction ID : 500066311

Amount of Each Disbursement this Period: 500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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